

DOCUMENT RESUME

ED 314 622

CE 053 981

TITLE Health Occupations: Access Skills. Vocational Readiness Skills. Missouri LINC. Accessing Vocational Education.

INSTITUTION Missouri Univ., Columbia. Dept. of Practical Arts and Vocational-Technical Education.; Missouri Univ., Columbia. Dept. of Special Education.

SPONS AGENCY Missouri State Dept. of Elementary and Secondary Education, Jefferson City.

PUB DATE Sep 88

NOTE 113p.; For related documents, see CE 053 979-990.

AVAILABLE FROM Instructional Materials Laboratory, 10 London Hall, University of Missouri-Columbia, Columbia, MO 65211 (\$4.75).

PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.

DESCRIPTORS *Access to Education; Communication Skills; Competency Based Education; *Educational Diagnosis; Educational Objectives; Employment Potential; *Health Occupations; Interpersonal Competence; Mathematics Skills; *Medical Assistants; *Occupational Information; Secondary Education; *Special Needs Students; Study Skills; Vocational Aptitude; Vocational Education; Vocational Evaluation; Vocational Maturity

IDENTIFIERS *Missouri

ABSTRACT

This document contains health occupations-related materials to help teachers and parents teach access skills to Missouri junior high and high school special needs students who want to pursue a vocational program in that occupational area. Access skills are defined as those skills needed to access vocational education programs and be successful in the world of work. An introduction explains this document's relationship to other documents about Missouri vocational education and describes the document's contents. The next section introduces the health occupations area and lists five occupations within it as examples. Competencies for 24 competencies of the health services assistant occupation are included. The Health Occupations Access Skills Checklist appears next, with 34 tasks descriptions and space in which a teacher can record student mastery of them. The next section defines words relevant to health occupations. The next section contains instructional materials that parents and teachers can use to teach access skills involving math, physical demands, work environment, aptitudes, and temperament that are relevant to health occupations. Most activities are intended to be easily used as goals or objectives on students' Individualized Education Plans (IEPs). Included in the materials are task analysis sheets that contain the sequential steps necessary for competence in a specific skill, instructional directions that suggest how to teach each step in the task analysis and include a list of resources needed. Worksheets for students and teachers and a four-item bibliography complete the guide. (CML)

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Access Skills Vocational Readiness Skills for Health Occupations



Accessing Vocational Education

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ACCESS SKILLS
Vocational Readiness Skills for
Health Occupations



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The project which is the subject of this handbook was supported in whole by funds from the Missouri Department of Elementary and Secondary Education. However, the opinions expressed herein do not necessarily reflect the position or policies of the Missouri Department of Elementary and Secondary Education and no official endorsement should be inferred.

September, 1988

This Book is Available From:
Instructional Materials Laboratory
10 London Hall
University of Missouri-Columbia
Columbia, MO 65211

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1-800-392-7217

ACKNOWLEDGEMENTS

Missouri LINC would like to express appreciation to all vocational education and special education instructors who have encouraged and supported the development of ACCESS SKILLS: Vocational Readiness Skills manuals. Their dedication to special needs students continues to provide valuable assistance to Missouri LINC staff in the development of resources and materials which enable students to become the best they can be.

A special acknowledgement is made to the authors of the initial instructional modules written for the Entry Level Skills manuals, some of which are contained in this manual.

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A special thanks is given to Victoria Bowlin, Senior Clerk Typist, Missouri LINC, Columbia, Missouri, for her cheerful and professional expertise in putting this manual together.

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INTRODUCTION

Since 1981, Missouri educators have been utilizing the Entry Level Skills Criteria (ELSC) Manual to help prepare special needs students for entry into and successful completion of vocational training programs. With the passage of the Carl D. Perkins Vocational Education Act (P.L. 98-524), the Missouri mandate for instructional management systems and competency-based education, there was a need to revise the ELSC Manual. These revisions make the materials more compatible with the recent educational changes and better meet the needs of practitioners in the field. ACCESS SKILLS is the new name for the ELSC.

ACCESS SKILLS: Vocational Readiness Skills are defined as those skills which appear to be correlated to success in vocational education programs. If a student acquires as many of these skills as possible, the chances of success are higher for the chosen vocational program. The ACCESS SKILLS: Vocational Readiness Skills are negotiable skills; that is, students who are deficient in one or more areas may still enter vocational programs. Through assessment, these weak areas will be determined and vocational instructors and support personnel can then continue to work on the skills during vocational training. There has been a great deal of confusion with the original term "entry level skills". This terminology in vocational education usually refers to the skills needed to enter the world of work. ACCESS SKILLS better explains the objective: to identify, assess and teach skills needed to access vocational education programs and be successful in the world of work.

The ACCESS SKILLS are available in several manuals:

ACCESS SKILLS: Vocational Readiness Skills Inventory for Special Needs Students (Revised Entry Level Skills Inventory)

ACCESS SKILLS have been identified for vocational programs listed on the Vocational Administrative Management System (VAMS). Skill areas include math, physical demands/working environment, aptitudes, temperament and vocational. Sample occupational areas, Classification of Industrial Programs (CIP) codes, and Dictionary of Occupational Titles (DOT) codes have been included as well as employability and study skills. The ACCESS SKILLS lists will also be included on VAMS.

ACCESS SKILLS: Employability and Study Skills Assessment and Curriculum Guide

This guide includes informal assessment instruments to evaluate thirty-five employability and study skills with instructional activities included to teach each skill. This guide was designed for junior high students, but is applicable to any secondary student with needs in these areas.

The ACCESS SKILLS: Vocational Readiness Inventory lists are very basic skills which are needed across vocational areas; therefore, many of them are the same, even across different vocational areas. However, if a student possesses these basic skills, then the outcome skills (VIMS exit competencies) will be easier for the student to attain.

ACCESS SKILLS CHECKLISTS

Each vocational program manual will contain a summary checklist of the skills needed for the area the student wishes to pursue. After assessing the skills with the ACCESS SKILLS: Generic Informal Assessment Instruments, or other formal or informal assessments, the teacher can transfer the information obtained onto the summary checklist. On the checklist, each ACCESS SKILL is broken down into its component parts and the teacher will designate the student's performance or ability by circling the appropriate mastery code number.

- 3 = mastery
- 2 = requires supervision
- 1 = not mastered
- N = no exposure

There is room on the checklist to fill in a mastery date as well as a re-entry code and date for mastery later in the year. After completion of the assessment, the areas of weakness can and should become goals in the IEP. This checklist should be sent to the Area Vocational School as part of the student's application. The codes (3, 2, 1, N) can be entered into the VIMS system if the vocational school desires to follow the student's mastery of skills.

A student does NOT have to show mastery of every skill on the ACCESS SKILLS list in order to enter a vocational program. These skills are negotiable and can continue to be practiced during vocational training. The deficient areas should help the planning team in developing realistic vocational goals and objectives and appropriate vocational training for the student. They also should help vocational personnel identify what skills still need to be practiced and/or what curriculum modifications need to be made to insure the success of the student.

Students with physical limitations may never achieve some of the ACCESS SKILLS, especially in regards to dexterity and other physical demands. This does not preclude them from entering and succeeding in an appropriate vocational area. In these cases, the teacher should make a comment regarding the compensatory techniques the student uses (i.e., strikes typewriter with pencil instead of fingers) and list any modifications that might be needed (i.e., typewriter template, longer time to complete assignments, etc.).

INSTRUCTIONAL ACTIVITIES

This section in each manual is designed to give teachers suggestions for activities that may be used to teach and develop a student's weaker skills found during the assessment. It is assumed that students entering vocational programs have fundamental math skills such as counting, adding, subtracting, multiplying, and dividing one place numerals. The activities usually begin with more advanced skills (working with two place numbers), and all are related to the specific program area the student has chosen.

Each of the five major areas of the ACCESS SKILLS: Vocational Readiness Inventory are covered (math, physical demands/working environment, aptitudes, temperament, and vocational). The activities often overlap, but repetition of previously learned material is often helpful for special needs students. For example, the majority of activities require dexterity skills (writing food orders, typing, handling boxes of different weights). Some activities require basic math skills in adding column totals, etc. However, since the activities are related to job tasks in the vocational area many students will not notice the overlap of skills. Teachers are encouraged to be innovative in developing other activities to enhance the student's ability in any specific area.

The activities include suggestions for parents, and most are written so as to be easily utilized as IEP goals or objectives. The criterion level for mastery is not included, as each student's expected level may differ.

Within each vocational program area a vocabulary list is provided, as well as a tool list, when appropriate. In addition, when worksheets for activities are provided, they are found at the end of the section (math, physical demands, etc.).

INSTRUCTIONAL MODULES

These modules are related to the vocational program area, and have been revised from the instructional modules found in the Entry Level Skills Criterion Manual. Some of the modules can also be found in the ACCESS SKILLS: Employability and Study Skills Assessment and Curriculum Guide, but have been adapted to the specific vocational program area.

RESOURCE MATERIALS

At the end of each program area, a list of resource materials is provided to help supplement the activity suggestions. Names and addresses of publishers are included. An Area Vocational School may already have some of these materials, as might other teachers in the building, so it would be advisable to check with other teachers prior to purchasing.

MANUAL COMPONENTS

VIMS COMPETENCY LIST

This list is found at the beginning of each program area. Each list contains the exit level skills from the program area taken from the standardized Vocational Instructional Management System (VIMS). Vocational instructors will train students in the majority of these skills and may add skills for an individual student or for all students. It is important to note that not all students must master all of the competencies. The Individual Educational Planning (IEP) team can decide which competencies a student is able to master at what level of acceptance in a given time period. The specified competencies should be designed to lead to a job; that is, a student should be able to learn skills necessary for a job in the community. These competency lists are included so that:

- (1) the teacher, student, and parent may see in advance the types of skills which will be presented to students. In this way, the IEP team may have a better idea if the vocational area is reasonable and appropriate for the student;
- (2) the relationship between the ACCESS SKILLS: Vocational Readiness Inventory and the exit level competencies can be better understood. For example, in the Health Occupations area:

<u>ACCESS SKILLS</u> <u>Vocational Readiness Inventory</u>	<u>VIMS</u> <u>Exit Competency</u>
<u>MATH</u>	
Perform standard units of measurement	Weigh and measure
<u>PHYSICAL DEMANDS/WORKING ENVIRONMENT</u>	
Lift 50 lbs. minimum with frequent lifting and/or carrying of objects weighing up to 25 lbs.	Position resident in prone position
<u>APTITUDES</u>	
Move the hands easily and skillfully	Administer a bed bath
<u>TEMPERAMENT</u>	
Dealing with people beyond giving and receiving instructions	Demonstrate communication skills
<u>VOCATIONAL</u>	
Demonstrate knowledge of basic safety concepts	Maintain safe environment for residents and self

ACCESS SKILLS: Generic Informal Assessment Instruments and Checklist

This manual contains informal assessment instruments for each of the ACCESS SKILLS: Vocational Readiness Inventory and a checklist for documenting the assessment.

ACCESS SKILLS: Vocational Readiness Series

ACCESS SKILLS: Vocational Readiness Skills for Agriculture

ACCESS SKILLS: Vocational Readiness Skills for Business & Office

ACCESS SKILLS: Vocational Readiness Skills for Marketing & Cooperative Education

ACCESS SKILLS: Vocational Readiness Skills for Health Occupations

ACCESS SKILLS: Vocational Readiness Skills for Occupational Home Economics

ACCESS SKILLS: Vocational Readiness Skills for Trade & Technical

The ACCESS SKILLS: Vocational Readiness Skills manuals were developed by occupational cluster areas and include the lists from the Vocational Readiness Skills Inventory for Special Needs Students as well as activity suggestions and instructional modules for teaching the different skills necessary for each program area.

HEALTH OCCUPATIONS

Sample Occupational Areas:

Blood Bank Technician
Central Supply Worker
Home Attendant
Nurse's Aide
Orderly

Introduction

Persons entering the field of Health Occupations have a wide variety of job possibilities. Working in the health profession requires working with and caring for people. It also requires physical labor in moving people and equipment, as well as spending a great deal of time standing and walking. Health professionals are in a service area and are always in need. If a student enjoys working with and caring for people, is not offended by the human body and its care needs, and enjoys a variety in what they do on the job, then the student might enjoy working the the area of Health Occupations.

VIMS COMPETENCIES FOR HEALTH SERVICES ASSISTANT

A. Applying Interpersonal Relationship Skills to the Health Care Team

1. Follow classroom rules and regulations
 2. Identify types of health care facilities
 3. Identify members of the health care team and their functions
 4. Identify health care assistant qualities and traits
 5. Demonstrate health care assistant qualities and traits
 6. Define terminology related to medical/legal problems
 7. Demonstrate knowledge of resident rights
- Other (specify):
-
-

B. Demonstrating Knowledge of Employment Skills

1. Demonstrate knowledge of job seeking skills
 2. List factors in selecting a job
 3. Prepare a resume
 4. Prepare a job application
 5. Participate in a job interview
 6. Prepare letters relating to job seeking
 7. List types of payroll deductions
 8. Demonstrate knowledge of desirable employee qualities
 9. Practice good personal hygiene
 10. Maintain good personal health
 11. Wear appropriate clothes and accessories
 12. Identify employee rights
- Other (specify):
-
-

C. Recognizing Concepts of Microbiology

1. Define terminology associated with microbiology
 2. Classify microorganisms
 3. Label types of bacteria
 4. Identify methods of bacterial transmission
 5. List factors affecting microorganism growth
 6. Define terminology related to infectious disease/asepsis
 7. List types of infectious diseases
 8. Describe pathogenic effects on the body
 9. Identify methods of laboratory diagnosis
 10. Identify methods used to control infection
 11. Demonstrate sterile techniques
 12. Demonstrate isolation techniques
- Other (specify):
-
-

D. Recognizing Concepts of Body Mechanics

1. Define terminology associated with body plane/directions

2. Identify anatomical positions
 3. Identify body cavities, subdivisions, and major organs
 4. Identify abdominal regions
 5. Identify cell parts and define functions
 6. List basic types of body tissues/membranes/organs
 7. Describe functions of body tissues/membranes/organs
 8. List the eleven body systems, their structures, and related functions
- Other (specify):
-
-

E. Recognizing Concepts of the Skeletal System

1. Define terminology pertaining to the skeletal system
 2. List the functions of the skeletal system
 3. List types of bones, composition, markings, and linings
 4. List the divisions of the skeletal system
 5. Identify the bones of the body
 6. Identify the types of joints and their functions
- Other (specify):
-
-

F. Recognizing Concepts of the Muscular System

1. Define terminology pertaining to the muscular system
 2. Identify types of muscles
 3. Identify parts of muscles and their functions
 4. Identify major muscles and their attachments
- Other (specify):
-
-

G. Recognizing Concepts of the Skin and Its Appendages

1. Define terminology pertaining to the skin system
 2. Identify the structures of the skin
 3. Describe the functions of the skin
 4. Describe how the skin regulates body temperature
 5. Identify skin appendages and their functions
- Other (specify):
-
-

H. Recognizing Concepts of the Respiratory System

1. Define terminology associated with the respiratory system
2. Define types of respiration

3. Identify respiratory organs and their functions
 4. Describe the steps of the respiratory process
 5. List the factors affecting respiratory rate
- Other (specify):
-
-

I. Recognizing Concepts of the Cardiovascular System

1. Define terminology associated with the heart
 2. Identify the location and structure of the heart
 3. Describe the functions of the heart
 4. Describe/diagram the electrical conduction system of the heart
 5. Describe functions of the conduction system components
 6. Describe/diagram the path of circulation through the heart
 7. Demonstrate CPR technique
 8. Demonstrate Heimlich maneuver
 9. Demonstrate types of blood vessels
 10. Discuss the function of the blood vessels
 11. Define pulse
 12. List factors affecting pulse
 13. Define terminology associated with circulation
 14. Describe types of circulation
 15. Define terminology associated with blood
 16. Describe the amount and function of blood
 17. Identify blood components and list functions of formed elements
 18. List areas of blood production/destruction of formed elements
 19. List the causes of bleeding
 20. Define terminology associated with the lymphatic system
 21. List the functions of the lymphatic system
 22. Identify major lymphatic vessels and organs
 23. Discuss function of lymphatic vessels and organs
 24. Identify major nodes and their functions
- Other (specify):
-
-

J. Recognizing Concepts of the Digestive System

1. Define terminology associated with the digestive system
 2. Identify true organs
 3. Identify accessory organs
 4. List the functions of the digestive system
 5. Describe/diagram the path of foods through the digestive system
- Other (specify):
-
-

K. Recognizing Concepts of Nutrition

1. Define nutrients
 2. Define intermediary metabolism
 3. Describe the relationship between energy and caloric intake
 4. List the basic food groups
 5. Identify balanced, special, and substitute diets
 6. Describe strategies for forcing fluids
- Other (specify):
-
-

L. Recognizing Concepts of the Endocrine System

1. Define terms associated with the endocrine system
 2. Identify glands
 3. List types of hormones and describe their functions
- Other (specify):
-
-

M. Recognizing Concepts of the Nervous System

1. Define terminology associated with the nervous system
 2. Identify types of neurons
 3. Identify the divisions of the nervous system
 4. Label divisions of the brain and spinal cord
- Other (specify):
-
-

N. Recognizing Concepts of the Sensory System

1. Define terminology associated with the sensory system
 2. Identify components of the sensory system
 3. Identify and describe the functions of the parts of the eye
 4. Identify and describe the functions of the parts of the ear
- Other (specify):
-
-

O. Recognizing Concepts of the Urinary System

1. Define terminology associated with urinary system
 2. Identify organs of the urinary system and describe their functions
 3. Identify the parts of the kidney
 4. List normal and abnormal substances of urine
- Other (specify):
-
-

P. Recognizing Concepts of the Reproductive System

1. Define terms associated with the reproductive system

2. Identify organs and major functions of the male reproductive system
 3. Identify organs and major functions of the female reproductive system
 4. Describe the reproductive process
- Other (specify):

Q. Utilizing Communication and Observation Skills

1. Demonstrate good communication skills
 2. Maintain confidentiality
 3. Report/record pertinent information to appropriate personnel
 4. Make and receive telephone calls
 5. Utilize care plan
 6. Answer resident's call light
- Other (specify):

R. Employing Safety Considerations

1. Use appropriate body mechanics
 2. Maintain safe environment for resident and self
 3. Wash hands
- Other (specify):

S. Employing Special Procedures

1. Weigh and measure
 2. Check urine using acetest
 3. Check urine using keto-diastik
 4. Check urine using test tape
- Other (specify):

T. Measuring Vital Signs

1. Measure and record pulse
 2. Measure and record axillary temperature
 3. Measure and record blood pressure
 4. Measure and record oral temperature
 5. Measure and record rectal temperature
 6. Count and record respirations
- Other (specify):

U. Assisting with Intake and Output

1. Prepare resident for a meal
 2. Assist adult with feeding
 3. Feed with bulb syringe
 4. Give and remove bedpan
 5. Give and remove urinal
 6. Give catheter care
 7. Assist resident to bathroom
 8. Measure and record food and fluid intake and output
 9. Administer enema
- Other (specify):

V. Administering Personal Hygiene and Comfort Measures

1. Incorporate acceptable techniques when caring for the confused resident
 2. Make an unoccupied bed
 3. Make an occupied bed
 4. Administer complete bed bath
 5. Administer partial bed bath
 6. Administer perineal care
 7. Administer tub bath
 8. Administer shower bath
 9. Brush, braid, and/or comb hair
 10. Shampoo hair
 11. Shave resident
 12. Give fingernail/toenail care
 13. Perform oral hygiene for the conscious resident
 14. Perform oral hygiene for the paralyzed resident
 15. Perform oral hygiene for the unconscious resident
 16. Clean dentures
 17. Clean the incontinent resident
 18. Turn resident in bed
 19. Give backrub
 20. Dress and undress resident
- Other (specify):

W. Assisting with Ambulation and Movement

1. Position resident on side from back lying position
 2. Position resident in prone position
 3. Assist/raise resident's head and shoulders from the bed
 4. Lift resident in bed
 5. Assist resident to ambulate
 6. Assist resident in/out of wheelchair
 7. Assist with active range of motion exercises
 8. Transport resident in wheelchair
- Other (specify):

X. Performing Therapeutic Measures

1. Apply ice bag, cap, pack, or collar
 2. Apply local heat using compresses
 3. Apply heat lamp
 4. Give decubitus ulcer care
- Other (specify):

HEALTH OCCUPATIONS
ACCESS SKILLS CHECKLIST

Student Name/ID _____ Sending School _____

Instructor _____ Date(s) Evaluated _____

Circle proper mastery code: 3 = MASTERY 2 = REQUIRES SUPERVISION
 1 = NOT MASTERED N or blank = NO EXPOSURE

<u>TASK DESCRIPTION</u>	<u>TASK ID #</u>	<u>MASTERY CODE</u>	<u>MASTERY DATE</u>	<u>RETRY CODE/DATE</u>
1. Count two-place numbers	170600A001	3 2 1 N	_____	_____
2. Add two-place numbers	170600A002	3 2 1 N	_____	_____
3. Subtract two-place numbers	170600A003	3 2 1 N	_____	_____
4. Perform standard units of measure- ment, i.e., cup, pint, quart, inch, foot, yard, ounce, pound	170600A004	3 2 1 N	_____	_____
5. Use basic measuring instruments, i.e., rulers, scales	170600A005	3 2 1 N	_____	_____
6. Multiply two-place numbers	170600A006	3 2 1 N	_____	_____
7. Divide two-place numbers	170600A007	3 2 1 N	_____	_____
8. Add common fractions	170600A008	3 2 1 N	_____	_____
9. Subtract common fractions	170600A009	3 2 1 N	_____	_____
10. Multiply common fractions	170600A010	3 2 1 N	_____	_____
11. Divide common fractions	170600A011	3 2 1 N	_____	_____
12. Add two-place decimals	170600A012	3 2 1 N	_____	_____
13. Subtract two-place decimals	170600A013	3 2 1 N	_____	_____
14. Multiply two-place decimals	170600A014	3 2 1 N	_____	_____
15. Divide two-place decimals	170600A015	3 2 1 N	_____	_____
16. Lift 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs. (Medium work)	170600B001	3 2 1 N	_____	_____
17. Bend body downward and forward by bending the spine at the waist (stooping)	170600B002	3 2 1 N	_____	_____
18. Bend legs at the knees to come to rest on the knee or knees (kneeling)	170600B003	3 2 1 N	_____	_____
19. Bend body downward and forward by bending the legs and spine (crouching)	170600B004	3 2 1 N	_____	_____
20. Move about on the hands and knees or hands and feet (crawling)	170600B005	3 2 1 N	_____	_____
21. Extend the hands and arms in any direction (reaching)	170600B006	3 2 1 N	_____	_____
22. Seize, hold, grasp, turn or other- wise work with the hand or hands (handling)	170600B007	3 2 1 N	_____	_____
23. Pick, pinch, or otherwise work with the fingers (fingering)	170600B008	3 2 1 N	_____	_____

HEALTH OCCUPATIONS
ACCESS SKILLS CHECKLIST

Student Name/ID _____ Sending School _____

Instructor _____ Date(s) Evaluated _____

Circle proper mastery code: 3 = MASTERY 2 = REQUIRES SUPERVISION
 1 = NOT MASTERED N or blank = NO EXPOSURE

<u>TASK DESCRIPTION</u>	<u>TASK ID #</u>	<u>MASTERY CODE</u>	<u>MASTERY DATE</u>	<u>RETRY CODE/DATE</u>
24. Perceive size, shape, temperature or texture of objects and materials by using fingertips (feeling)	170600B009	3 2 1 N	_____	_____
25. Ability to work inside	170600B010	3 2 1 N	_____	_____
26. Ability to work in hazardous situations, i.e., risk of bodily injury	170600B011	3 2 1 N	_____	_____
27. Coordinate eyes and hands or fingers rapidly and accurately (K-motor coordination)	170600C001	3 2 1 N	_____	_____
28. Make a movement response accurately and swiftly (K-motor coordination)	170600C002	3 2 1 N	_____	_____
29. Move the hands easily and skillfully (M-manual dexterity)	170600C003	3 2 1 N	_____	_____
30. Work with the hands in placing and turning motions (M-manual dexterity)	170600C004	3 2 1 N	_____	_____
31. Dealing with people beyond giving and receiving instructions	170600D001	3 2 1 N	_____	_____
32. Performing under stress when confronted with emergency critical, unusual, or dangerous situations, or situations in which working speed and sustained attention are make-or-break aspects of the job	170600D002	3 2 1 N	_____	_____
33. Performing a variety of duties, often changing from one task to another of a different nature without loss of efficiency or composure	170600D003	3 2 1 N	_____	_____
34. Demonstrate knowledge of basic safety concepts	170600E001	3 2 1 N	_____	_____

HEALTH OCCUPATIONS VOCABULARY LIST

ABUSIVE	identified by wrong or improper use or action; physically or verbally harmful
ABRASION	an area where the skin has been scraped
ANTIDOTE	substance given to work against a poison
BEDFAST	being unable to get out of bed
COMBUSTIBLE	having the ability to burn
CONFIDENTIALITY	keeping information private or protecting the right of others to keep information secret
CONTAMINATE	to soil, stain or infect by contact
DEVIATION	a marked difference from what is normal
DEHYDRATION	the condition that results when more water is lost from the body than is taken in
DIABETES	disease where the body cannot use sugar and starch correctly because of faulty production of insulin by the pancreas
DIABETIC COMA	a condition where diabetes is uncontrolled allowing sugar to accumulate in the blood producing a very drowsy and unresponsive resident
DISCRIMINATION	treating one person differently because of race, color, age, religion, personal feelings, etc.
DISINFECTANT	a substance that frees objects from organisms that cause infection
DISINFECTION	the removing of disease producing organisms
DYSFUNCTION	disturbance or abnormality of the function of an organ
GERIATRIC	referring to persons over 65 years old
HANDICAPPED	having some type of physical or mental condition which keeps a person from performing as others can
HEMORRHAGE	heavy or uncontrollable bleeding
IMMERSE	to dip into and completely cover with a fluid
IMMUNIZATION	the act of making a person resistant to disease

IMPAIRMENT	an injury; something that makes it worse or more difficult for a person to complete a task
IMPENDING	something about to occur
INFECTION	when germs invade a bodily part producing toxins and subsequent injury to tissue; usually is red at invasion point
INFECTIOUS	able to be communicated by infection to another
INFLAMMATION	a local response to injury that is marked by pain, swelling, redness and heat
INSULIN	a hormone that controls glucose levels in the body
MOBILITY	ability to move
MONITOR	to check, watch, or observe for a special person
MORAL OBLIGATION	responsibilities of a worker to help residents, to be courteous and professional, and to do your best on the job
ORAL HYGIENE	mouth and teeth care for residents
NEGLIGENCE	failure to act as a nursing assistant would properly act in certain situations
POSTURE	body position; how the body is held
PHYSICAL NEEDS	needs for things which are necessary for survival including: food, water, oxygen, rest, exercise and touch
REHABILITATION	the restoring to normal form and function after injury or illness; the restoring of an ill or injured resident so he/she would be able to help himself/herself
REPUTATION	feelings and attitudes people have about you because of how you act
RESPONSIBILITY	specific jobs, duties, and attitudes that you are held accountable for
SANITARY	kept as clean as possible; relating to measures of health; making as healthy as possible
SANITIZATION	making as clean as possible
SECURITY NEEDS	physical safety; feeling protected, having a job and shelter

SELF-FULFILLMENT NEEDS	needing to achieve as much as possible and to reach your highest potential
SENSITIVITY	the ability of a person to respond to something; aware of the needs and emotions of others
SOCIAL NEEDS	needing approval and acceptance
SPRAIN	a sudden twist of a joint that results in stretching and tearing of the ligaments in the joint
STERILIZATION	to make free of any organisms
STRAIN	bodily injury resulting from excessive effort or use
SUSCEPTIBLE	unresistant to something

HEALTH OCCUPATIONS

Math Skills

Count two-place numbers	Divide two-place numbers
Add two-place numbers	Add common fractions
Subtract two-place numbers	Subtract common fractions
Perform standard units of measurement, i.e., cup, pint, quart, inch, foot, yard, ounce, pound	Multiply common fractions
Use basic measuring instruments, i.e., rulers, scales	Divide common fractions
Multiply two-place numbers	Add two-place decimals
	Subtract two-place decimals
	Multiply two-place decimals
	Divide two-place decimals

NOTE: Many math books and workbooks provide needed direction in learning basic operations in math. This section assumes that students have basic skills and is designed to be used in conjunction with any of the math books you might be using, or to establish your own supplemental units. Any math practice activities should be developed within the context of the vocational program. Other persons to use as resources in this area include: parents and math teacher.

1. The student will convert inches to feet in measuring and determining individuals height. For example,
 - a. 12 inches = 1 foot
 - b. 60 inches = 5 feet
 - c. 58 inches = 4 feet 10 inches
 - d. 63 1/2 inches = 5 feet 3 1/2 inches

Worksheet HO #1 provides specific instructions and activities.

2. Student will measure three or four standing individuals' heights using a tape measure and convert the inches to feet and inches measure.
3. Student will measure the same individuals they measured in a standing position in a supine position. Measure starting at top of head going to soles of feet. Allow student to figure out the best way to achieve this feat. Convert inches to feet. Have student compare the height information obtained in the standing measure of each individual to that same persons's supine measurement. Discuss with student why there may be a difference.
4. Student will distinguish between ounce and cubic centimeter measurement marks on containers. Using worksheet HO #2 have student locate the oz. (ounces) side and explain that these measures are marked in even numbers beginning with 2 and adding 2 oz. to each consecutive measurement mark. Have student locate cc (cubic centimeter) markings and explain that this is the measure most used in health care facilities. Ask student to explain the numerical sequencing of the marks for cc measurement. Provide the student with several differ-

ently colored pencils or crayons. Ask them to fill in the blank on the correct side of the measure mark to the correct amount using a different color for each request. For example, say to student, using your green crayon fill in the area showing the amount of 0-8 ounces, using your red crayon fill in the amount indicating 0-300 cubic centimeters.

5. Student will convert ounces to cubic centimeters (cc's) and cc's to oz's. One ounce is equal to 30 cc's. To convert ounces to cc's multiply the number of ounces by 30. For example, 2 oz's times 30 cc's equals 60 cc's. To convert cc's to ounces, divide the number of ounces by 30.
6. Students may work in groups developing questions that require members of the group to convert ounces to cc's and vice versa. For example, I have 180 cc's of coffee, how many ounces of coffee do I have?
7. Student will practice filling and emptying containers (baby bottle, measuring cup, etc.) with liquid as specified by teacher. Examples might be 70 cc, 500 cc, 12 ounces, 4 ounces. The student needs to continue doing this until he/she can do it accurately. This knowledge is important as it relates to providing the designated fluid intake and correct measurement of fluid output by patients in a health care setting.
8. Student will practice identifying cc and ounce measurements. Worksheets HO #3 and HO #4 provide additional practice in this task.
9. Student will identify temperatures on a Fahrenheit thermometer. Worksheets HO #5 and HO #6 provide practice on this skill.
10. Student will demonstrate ability to read an oral Fahrenheit thermometer. Worksheet HO #7 provides instruction for students to follow in reading and using the oral Fahrenheit thermometer. Have students take their own and others' temperatures. Be sure that the thermometer is always cleaned well before being used on each individual. A doctor's office may give you information on how to use plastic disposable covers for each use.
11. Provide student with a large pan of water over 110° F and a container of cool water. Have student add cool water to hot until the thermometer reads 110° . Then do the same to get readings of 100° and 98° .
12. Student will solve problems relating to weight of persons and be able to read weights in pounds and fractions of pounds. See worksheet HO #8 for practice problems.
13. Given a home bathroom scale student will weigh and record weights of peers. Student may assist the school nurse in weighing children in the elementary grades. These children are not so sensitive about being weighed.

14. Student will measure other students' heights in inches and then convert the inches to feet and inches. Helping teachers in elementary classes or the elementary physical education teacher who is responsible for recording this information would be good practice for the student. Provide the students with the following conversion chart so they may memorize it and thus do conversions more quickly.

Inch/Foot Comparisons

6 in = 1/2 ft
12 in = 1 ft
24 in = 2 ft
36 in = 3 ft
48 in = 4 ft
60 in = 5 ft
72 in = 6 ft

15. Student will demonstrate ability to read a balance scale. Most schools have balance scales available. Allow the student to weigh himself/herself and peers. Worksheets HO #9 and HO #10 provide instructions and practice in this skill.

SUGGESTIONS FOR PARENTS:

1. Have student measure and weigh each family member keeping a chart on which to note changes.
2. Have student convert some recipes from ounces to cc's.
3. Allow student to make a set place for thermometer and take his/her temperature for a week every other day recording results.

Using Basic Math Skills

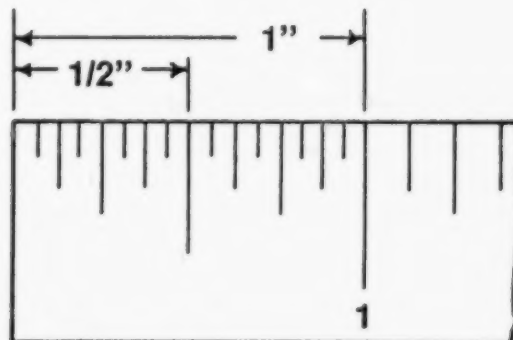
Steps of Procedure for Reading a Rule and Converting Inches to Feet

At times you will have to measure the height of residents with a measuring rod or tape measure. Regardless of which you use, the important thing is to know how to correctly read the measurement. Reading a rule is very much like reading thermometers, clocks, and blood pressure gauges - you must know the value of the lines between the numbers and be able to add those to get the correct number.

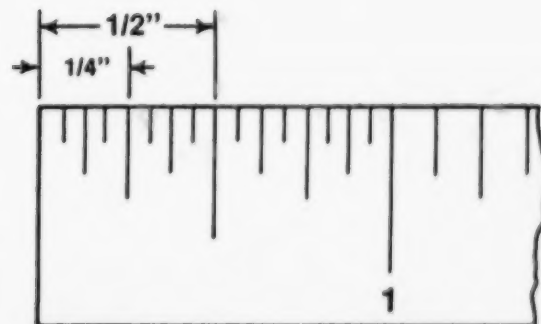
1. Obtain a measuring rod or tape measure.
2. Look at the set of lines between the numbers. An inch is usually divided into 16 equal parts. 12 inches equal 1 foot, and 3 feet equals 1 yard. The average resident will be between 5 feet and 6 feet tall.



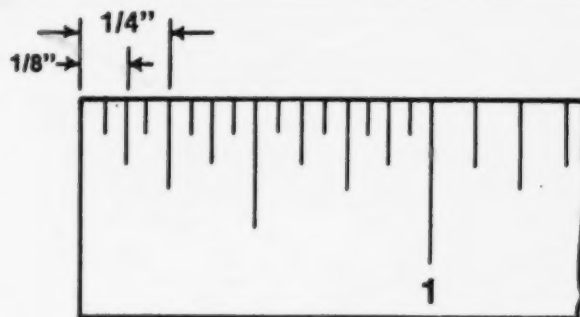
3. An inch can also be separated into other divisions. The largest equal division of one inch is 1/2 inch.



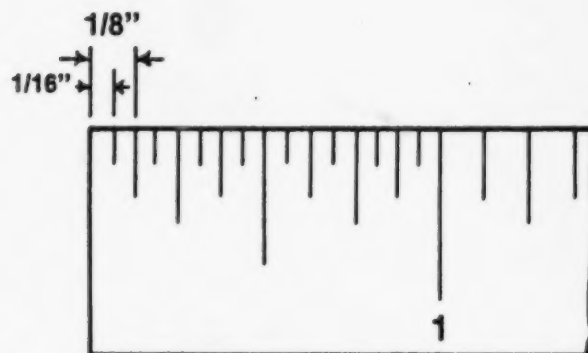
4. Half of 1/2 inch is 1/4 inch.



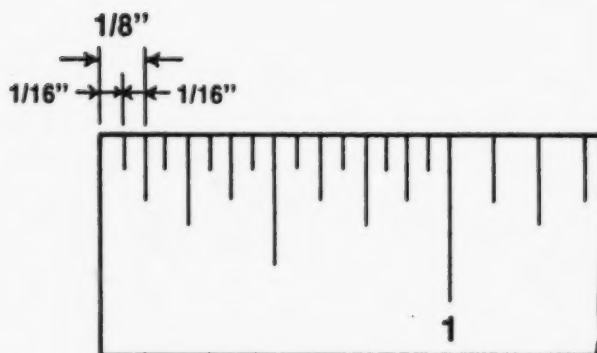
5. Half of $\frac{1}{4}$ inch is $\frac{1}{8}$ inch.



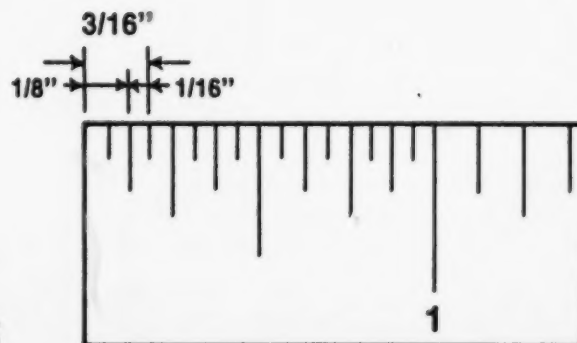
6. And half of $\frac{1}{8}$ inch is $\frac{1}{16}$ inch.



7. You must learn to add like fractions to get precise measurements. For instance:
 $\frac{1}{16}$ plus $\frac{1}{16}$ equals $\frac{2}{16}$ or $\frac{1}{8}$
 $\frac{1}{8}$ plus $\frac{1}{8}$ equals $\frac{2}{8}$ or $\frac{1}{4}$
 $\frac{1}{4}$ plus $\frac{1}{4}$ equals $\frac{2}{4}$ or $\frac{1}{2}$
 $\frac{1}{2}$ plus $\frac{1}{2}$ equals $\frac{2}{2}$ or 1



8. And you must be able to add unlike fractions. For instance:
 $\frac{1}{16}$ plus $\frac{1}{8}$ or
 $\frac{1}{16}$ plus $\frac{2}{16}$ equals $\frac{3}{16}$
 $\frac{1}{8}$ plus $\frac{1}{4}$ or
 $\frac{1}{8}$ plus $\frac{2}{8}$ equals $\frac{3}{8}$
 $\frac{1}{4}$ plus $\frac{1}{2}$ or
 $\frac{1}{4}$ plus $\frac{2}{4}$ equals $\frac{3}{4}$



Using Basic Math Skills

9. Now, let's look at turning inches into feet. Suppose you measured a resident who was 66 inches tall. Since we know 12 inches equal one foot, we can divide the total number of inches by 12 to determine height in feet and inches.

$$\begin{array}{r}
 5 \text{ FT. } 6 \text{ IN.} \\
 \hline
 12 \text{ IN.} \overline{) 66 \text{ IN. (HEIGHT OF RESIDENT)}} \\
 \text{(ONE FOOT)} \quad 60 \quad (5 \times 12 = 60) \\
 \hline
 6 \text{ IN.}
 \end{array}$$

10. Once you know the measurements, the rest is just basic math.

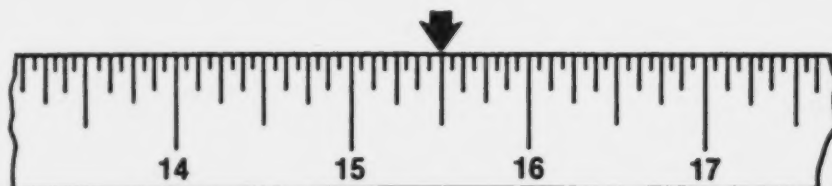
Try this one:

$$\begin{array}{r}
 \text{FT.} \quad \text{IN.} \\
 \hline
 \overline{) 72 \text{ IN.}}
 \end{array}$$

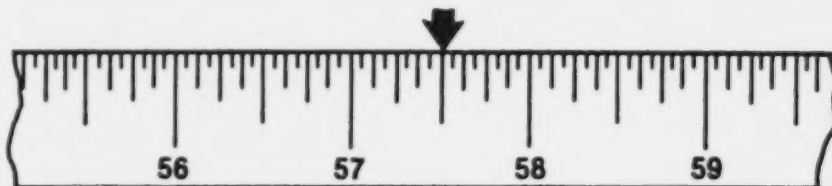
Using Basic Math Skills**Using Basic Math Skills**

Directions: Read each of the rules below and write the measurement it shows in the blank space.

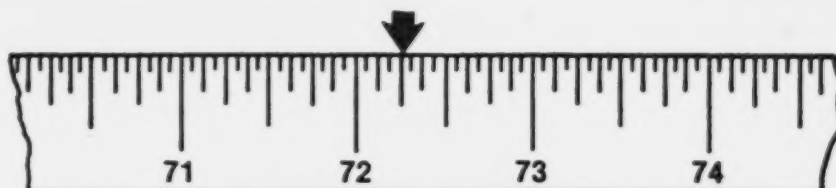
1. _____



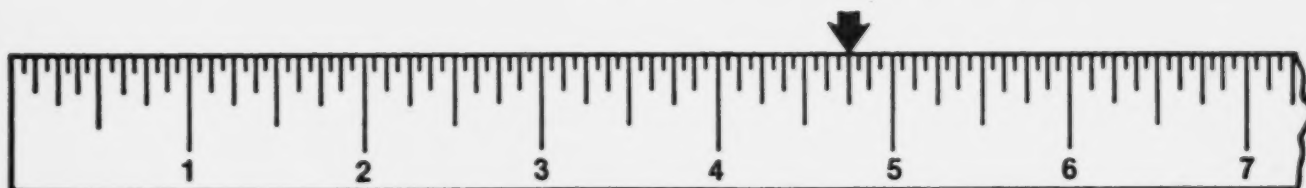
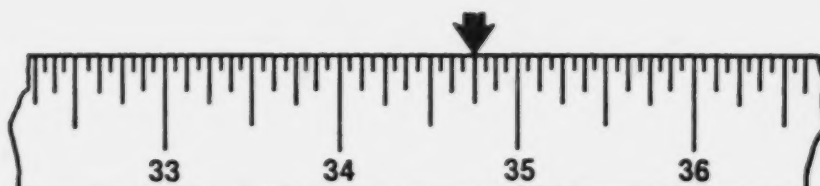
2. _____



3. _____

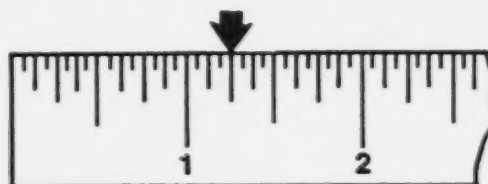


4. _____



5. _____

6. _____



Directions: Divide the numbers below by 12 to find the number of feet and inches in each of the measurements.

7. 60 inches

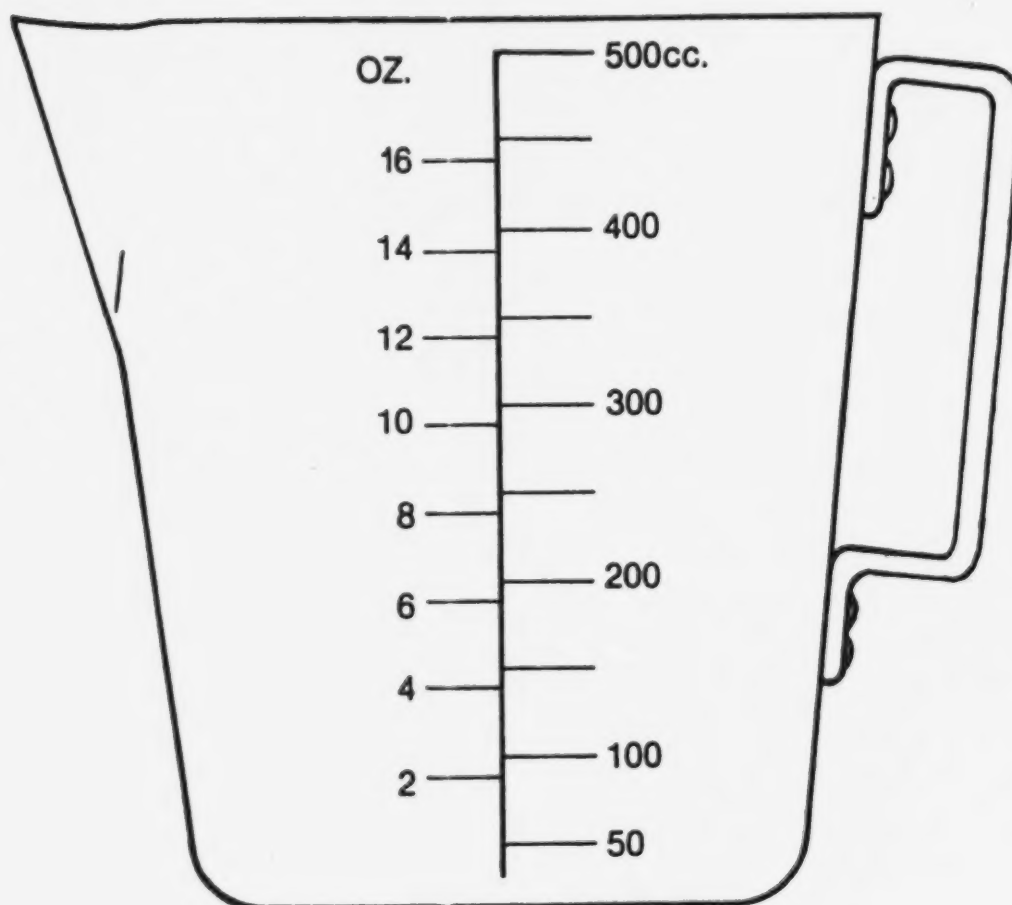
8. 62 inches

9. 72 inches

10. 58 inches

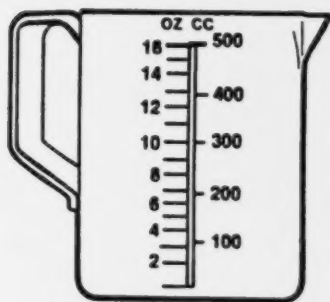
SOURC: Nurse Assistant in a Long-Term Care Facility, IML.

Worksheet

Graduate Measure

Worksheet

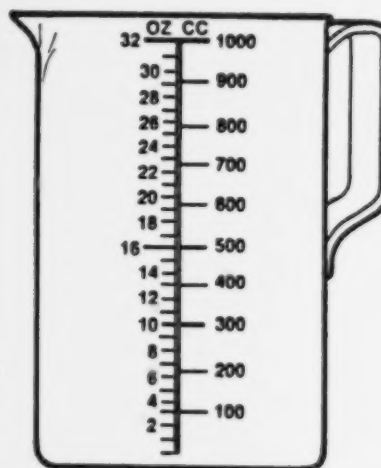
Directions: Draw a line in each container to show the measurement listed beside each of the containers.



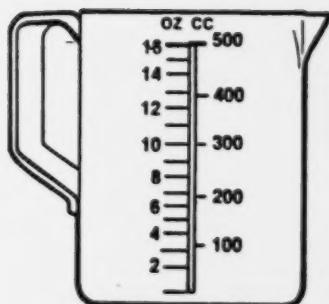
6. 300 cc



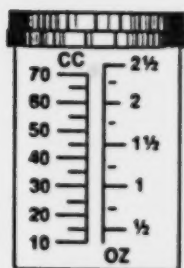
7. 180 cc



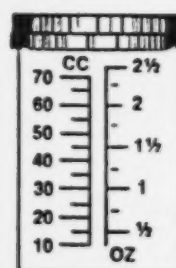
8. 12 OZ



9. 140 cc

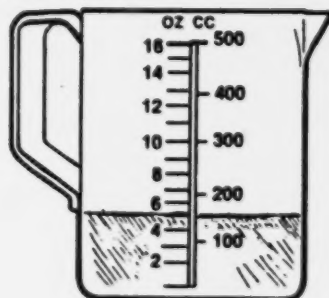
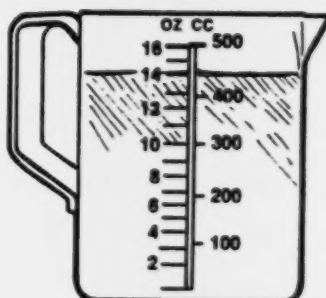
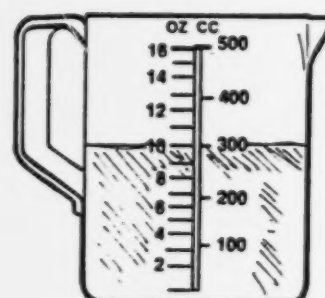


10. 2 OZ



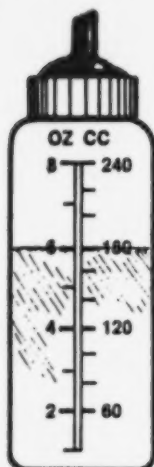
11. 35 cc

Directions: Look at the lines marked on the container and write the amount that it shows in that blank space.

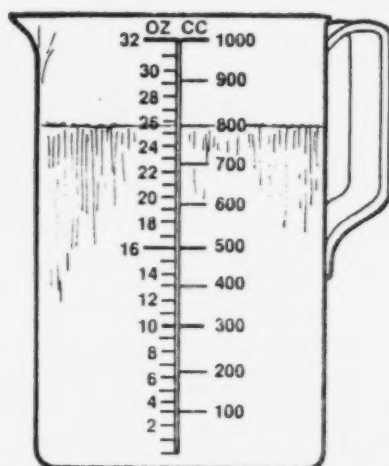
12. _____ OZ
_____ CC13. _____ OZ
_____ CC14. _____ OZ
_____ CC

Worksheet

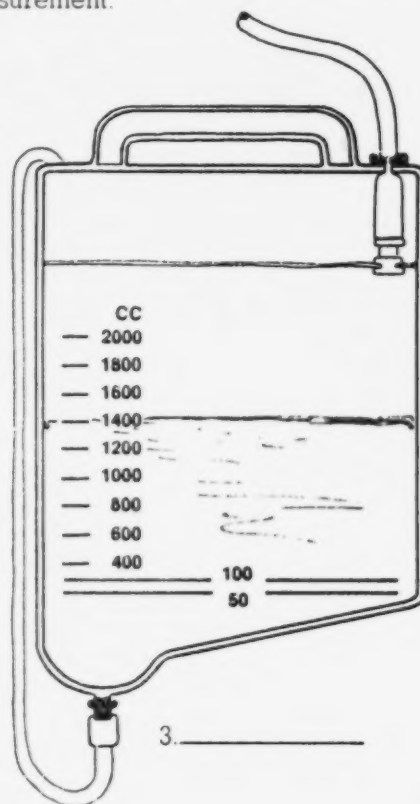
Directions: Write the amount of liquid showing in each of the following containers on the blank line. Write your answers in cubic centimeter (cc) measurement.



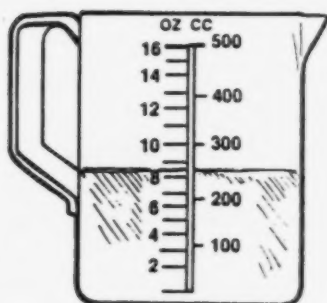
1. _____



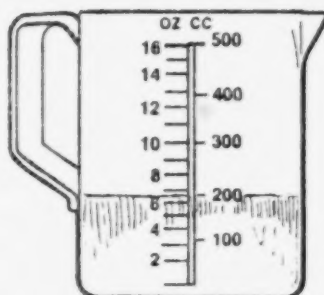
2. _____



3. _____



4. _____

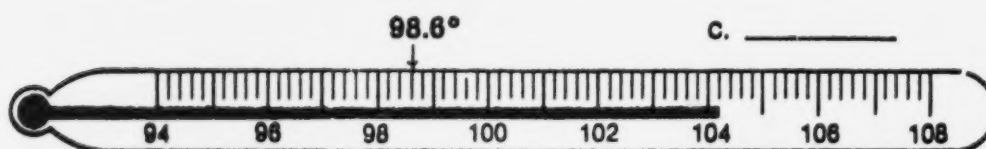
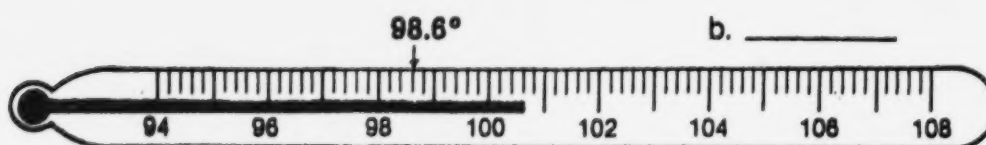


5. _____

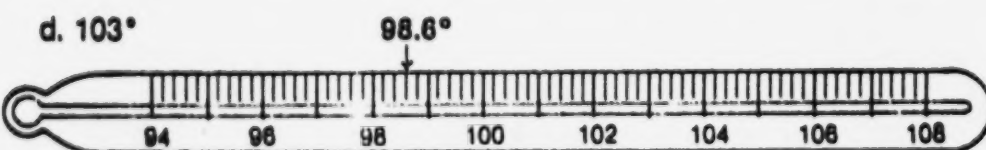
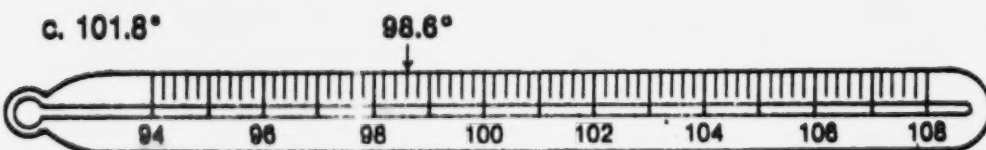
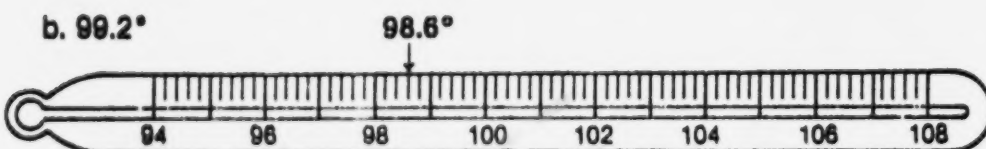
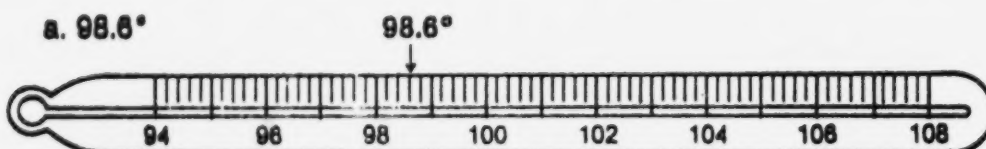
Worksheet

Reading a Thermometer

1. Write the readings on these thermometers in the blanks to the right.



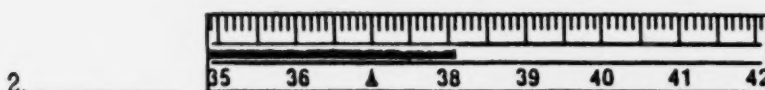
2. Mark the temperature readings on these thermometers.



Worksheet

READING IN CENTIGRADE OR FAHRENHEIT

Directions: Look at each of the following thermometers and write down the temperature it shows in the blank space beside it. Be sure to put Centigrade or Fahrenheit (C or F).



Directions: Look at the temperature readings beside each of the thermometers below and use a colored pencil or pen to mark those temperatures on the thermometers.

7. 37.6° C



96.8° F



9. 37° C



10. 100.6° F



WORKSHEET

INFORMATION ON READING A THERMOMETER

Key Points:

I. Thermometer

- A. An instrument used to measure the heat in a person's body.
- B. Hollow glass tube with two flat surfaces and one rounded surface.
- C. Two flat surfaces form an edge.
- D. Marks on the upper edge match with the numbers on the lower edge.
- E. One end has a narrow silver bulb.
- F. Bulb and the center of the thermometer contain mercury.

II. Reading a Thermometer

- A. Each mark is two-tenth of a degree.
- B. Two-tenths means the same whether it is written as 2/10 or .2.
- C. When recording temperature, a whole number with two-tenths is written 98.2^o.
- D. A whole number occurs at every fifth mark and represents a whole degree.

III. Locating the Mercury

- A. Hold thermometer at the glass end - NEVER AT THE BULB END.
- B. Do not put your fingers any other place on a clean thermometer.
- C. Stand with your back to the light.
- D. Hold thermometer at eye level and rotate thermometer slightly back and forth until the mercury is seen.

IV. Shaking Down the Thermometer

- A. Hold the thermometer as previously stated.
- B. Grasp thermometer securely with first two fingers and thumb.
- C. Stand in an area free of objects.
- D. Raise hand.
- E. Move wrist downward with a quick snapping movement.
- F. Repeat procedure until the mercury is down to 95^o.

V. Key Points in Taking a Temperature

- A. If individual has had any hot or cold drink, wait 10 minutes.
- B. Mercury end of thermometer must be under the tongue.
- C. Instruct individual not to bite on thermometer.
- D. Individual should be sitting or lying down when temperature is taken.
- E. Ten to twelve minutes must be allowed for the temperature to register.

Worksheet

Weighing and Measuring**Changing Ounces to Pounds and Fraction of Pounds**

Most scales will show ounces as well as pounds. At some time, you may need to convert those ounces to total pounds and fractions of a total pound. To do this, you must:

1. Divide the number of total ounces by 16. (There are 16 ounces in a pound) This gives the number of pounds.
2. The number left over is ounces.
3. Change the ounces to fractions of pounds by using the chart below.

NOTE:

If the number is an odd number, (1, 3, 5, 7, 9, 11, 13, 15,) you would record that number over 16. (ie. 7/16, 1/16)

WEIGHT EQUIVIVANTS

2 oz.	=	2/16 or 1/8 lb.
4 oz.	=	4/16 or 1/4 lb.
6 oz.	=	6/16 or 3/8 lb.
8 oz.	=	8/16 or 1/2 lb.
10 oz.	=	10/16 or 5/8 lb.
12 oz.	=	12/16 or 3/4 lb.
14 oz.	=	14/16 or 7/8 lb.
16 oz.	=	16/16 or 1 lb.

DO YOUR FIGURING HERE

Problem Solving

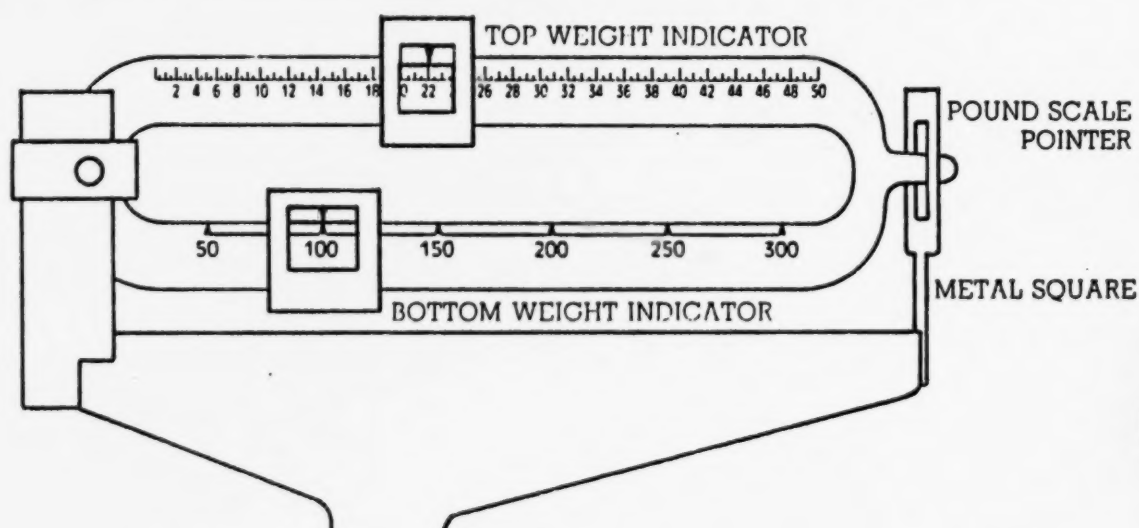
1. Mabel Leverage weighs 92 pounds, 12 ounces. What is her weight in pounds and fractions of pounds?
2. Mark Moore tipped the weight scales at 154 lbs. and 8 oz., what is his weight in pounds and fractions of pounds?
3. Lester Waite, by himself weighs 192 pounds and 7 ounces. What is his weight in pounds and fractions of pounds?

Lester Waite's wheelchair weighs 43 pounds, 9 ounces. What is the wheelchair's weight in pounds and fractions of pounds?

Worksheet

Weighing and Measuring**Reading a Balance Scale**

The balance scale is probably the most commonly used scale in the long-term care facility. Once you use your basic math skills to calculate the weight, it is quite easy to use.



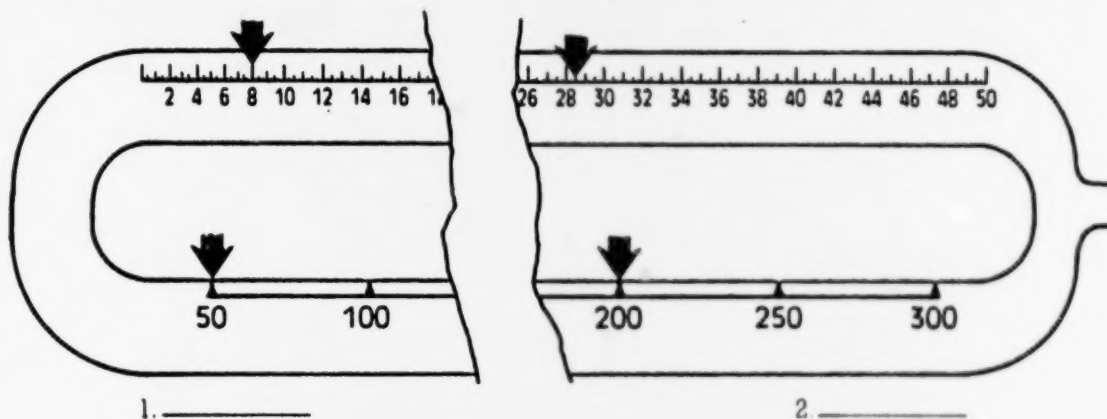
On the balance scale, the bottom pound scale shows 50 pound increases. The pointer on the weight indicator must line up exactly with the notch that shows the weight to get a correct weight reading.

The top pound scale shows one pound increases divided into one-fourth pounds. Only even numbers are on this scale. To get an accurate reading, the pointer on the weight indicator must also line up with the notch on this scale.

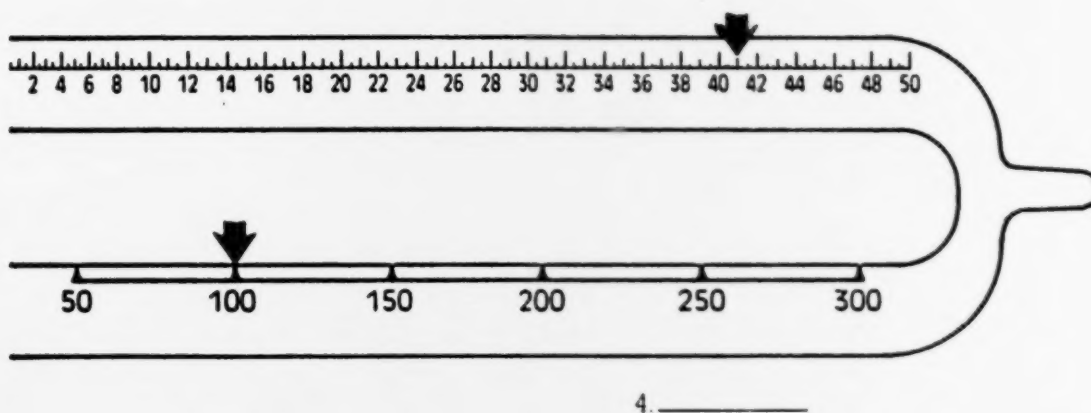
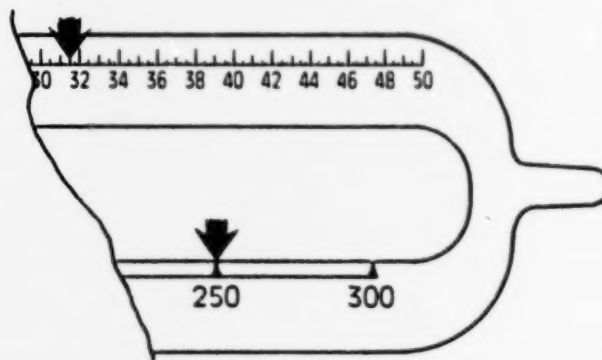
Weight is determined when the pointer on the end balances steadily in the middle of the metal square after the weight indicators are adjusted.

BALANCE SCALE PROBLEMS

Directions: Write the weight for each of the scales shown. Arrows are used to show where the weight indicators are pointing. Remember, the top scale is divided into $\frac{1}{4}$ pound increments.



3. _____



HEALTH OCCUPATIONS

Physical Demands/Working Environment

Lift 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs. (Medium work)
Bend body downward and forward by bending the spine at the waist (stooping)
Bend legs at the knees to come to rest on the knee or knees (kneeling)
Bend body downward and forward by bending the legs and spine (crouching)
Move about on the hands and knees or hands and feet (crawling)
Extend the hands and arms in any direction (reaching)
Seize, hold, grasp, turn or otherwise work with the hand or hands (handling)
Pick, pinch, or otherwise work with the fingers (fingering)
Perceive size, shape, temperature or texture of objects and materials by using fingertips (feeling)
Ability to work inside
Ability to work in hazardous situations, i.e., risk of bodily injury

In most cases, the assessment of these skills will indicate that the student has the gross and fine motor skills which are prerequisites to learning the vocational skills in a Health Occupations program. Prior to instruction in any physical demands activities, the student should have been evaluated and parents contacted to make sure that the student has no hidden physical problems that could be aggravated by lifting objects or by other physical activities done in this area. However, if the student has a physical disability or other limitation(s) preventing him/her from demonstrating fine and gross motor skills, then other techniques may be taught so he/she can perform in the vocational program. Other persons to use as resources in this area include: physical education teacher, school nurse, special education teacher, and parents.

Provide an extensive background for students on the importance of doing physical skills correctly and carefully. A variety of outside resources such as the following are available.

- a. Speaker from OSHA who would address the number of accidents that occur each year due to workers not protecting their bodies by using proper lifting techniques or overextending themselves. Have them relate to the health occupations profession.
- b. Have the school nurse or health care worker demonstrate what happens to a person's body when they lift heavy objects and how the students can build bodies up to being able to lift necessary objects on the job.
- c. Videotapes are helpful. National Safety Council has helped develop an eight minute film entitled, "A New Way to Lift", which can be rented from the University of Missouri-Columbia Academic Support Center.

1. Student will demonstrate proper lifting techniques. Go over the details in worksheet HO #11 that provides step-by-step instructions on proper lifting techniques that apply to the health occupations profession.
2. Student will demonstrate ability to assist persons from a sitting to a standing position. Using proper lifting techniques have student practice assisting other students from chairs. When they appear to be doing well it might be fun to have a competition in lifting. Have 2 or 3 teams of 4 persons each. Have an adult monitor for each team with a checklist of proper lifting and setting assistance guidelines. The game can run as a relay. One person must assist another person from a chair, lead them to another chair and help them sit. The adult monitor checks off each of the proper techniques. The team with the highest score wins. Additional rules such as grabbing another person up from the chair or throwing him/her into the chair eliminates that player. Have students assist in making up checklist and rules.
3. Student will demonstrate ability to fold sheets, towels and gowns. Direct student in the proper method for folding materials used in a nursing care center. A trip to a local nursing care center or area vocational technical school health care program for a demonstration and practice could be beneficial.
4. Student will demonstrate ability to stack folded materials by size and type and place on shelves using proper techniques.
5. Given a list of materials that can be found in a single room, student will obtain the items on the list using proper bending, reaching and stooping techniques. Items on the list should be located in a wide variety of places in the room. Other students could serve as observers to see if student is doing each of the physical activities correctly.
6. Student will list a minimum of ten ways in which a worker in a health care center might use the ability to crawl, crouch, kneel, stoop and work with their hands. Have student visit a health care facility. Using a checklist, have student identify the specific things a health care worker does using these physical skills.
7. Student will demonstrate to the class two activities a health care worker would do using each of the physical skills of crawling, crouching, kneeling, stooping and working with hands.
8. Student will demonstrate ability to make a bed according to specific health care facility procedures. Worksheets HO #12 and HO #13 provide specific directions on bed making. Provide opportunities for student to view demonstrations of each step with immediate practice. Students would benefit from working in pairs. Camp cots with couch cushions on top held together by an old mattress pad could serve as a practice area if nothing else is available.

9. Student will demonstrate ability to work with small items. Provide student with a basin of warm water, wash cloth, toothbrush and small items such as rings, figurines, large pins, etc. The items should have some dirty areas. Have student place wash cloth in basin, fill basin with warm water and using toothbrush clean each item. They will lose points if they drop the items more than twice onto the wash cloth. The last item they can practice with would be a set of dentures obtained from a local dentist. See worksheet HO #14.
10. Student will identify temperature of water by feel. Provide student with a thermometer, bowl and access to tap water both hot and cold. Provide student with appropriate water temperatures for washing individuals. Have student fill bowl with water and determine temperature. Then have them feel the water. Finally, have student determine which of 3 or 4 bowls filled with water would be the appropriate temperature for using to wash someone. Check each bowl with the appropriate thermometer.
11. Student will demonstrate ability to identify and count pulse rate on themselves and/or one other individual. Using worksheets HO #15, HO #16, HO #17, and HO #18 have students locate pulse in at least three areas. Explain that they are not to use their thumb because it has a strong pulse of its own. The index and middle finger next to the thumb are the ones to use. They are also not to press too hard or they will not feel the pulse. It would be appropriate for a nurse or health care person knowledgeable in this area to work with students.

SUGGESTIONS FOR PARENTS:

1. Using the checklist for making a bed, have student demonstrate to family how to make a bed as required in a health care facility.
2. Have student fold towels and sheets on a regular basis.
3. Have student arrange linen closet.
4. Have student work on using correct lifting procedures around home.

Worksheet

Ten Commandments of Body Mechanics

1. When you are lifting a patient, be sure that the patient knows you are lifting—how you plan to lift—and where you are going to lift the patient to.



2. Size up the load to be lifted. Do not attempt to lift alone if you have any doubt about your ability to do so.



3. Check your footing. Your feet should be apart to give you a broad base of support (good balance).



4. Get close to whatever is being lifted—instead of reaching for it. Move in and hold close.



5. Get yourself "lined up," i.e., keep your back straight (put on "high midriff") bend at the knees and hips.



6. Straighten your legs to lift.



7. Lift smoothly to avoid strain produced by jerky movements—get together (1, 2, & 3) with the person helping you.



8. Shift the position of your feet to turn—never twist your body.



9. Push or pull an object (instead of lifting) whenever you can, and use these same rules. It's safer and easier that way.



10. Spread this gospel to others, so that all of us will lift well and safely.



WORKSHEET

STEPS IN MAKING AN OCCUPIED BED

Equipment:

1. pillow case
(bottom of pile)
2. pillow cover
3. bedspread
4. blanket
5. top sheet
6. cotton draw sheet (optional at some institutions)
7. plastic or rubber draw sheet (optional at some institutions)
8. bottom sheet
9. mattress pad or cover (top of pile)

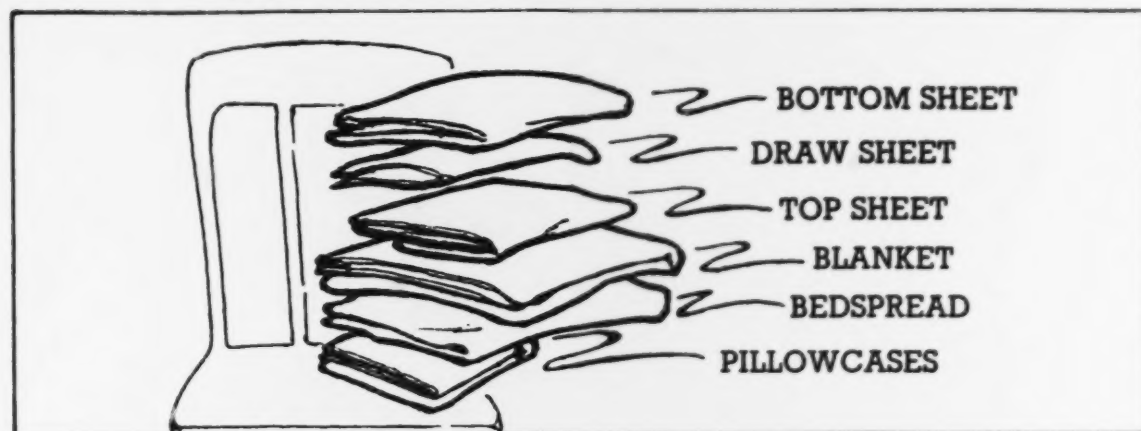
Steps to Follow:	YES	NO
1. Wash hands.		
2. Gather and arrange linen.		
3. Raise bed to high position; lower bed rails.		
4. Remove pillow; strip slip; place near linen pile.		
5. Strip bed.		
6. Place soiled linen in appropriate receptacle.		
7. Move mattress to head of bed.		
8. Place mattress pad on bed and pull smooth. Remain on first side of bed through step 16.		
9. Unfold bottom sheet on bed, full length, with bottom hem at edge of mattress.		
10. Pull sheet smooth on near side and unfold sheet.		
11. Tuck in head end of bottom sheet and miter corner.		
12. Tuck in near edge of bottom sheet - working from head toward foot.		
13. Holding plastic drawsheets in half, place on middle 1/3 of mattress; tuck in near side only.		
14. Holding cotton drawsheets in half, place over plastic drawsheets and tuck near side only.		
15. Place topsheet, halved, full length of bed, with hem at edge of head end of mattress.		
16. Unfold middle fold, dropping sheet half on opposite side of bed.		
17. Tuck under foot end of mattress on near side only.		
18. Repeat steps 14-16 with blanket, but place blanket 8-10 inches from head edge of mattress.		
19. Repeat steps 14-16 with spread.		
20. Fold top 10-12 inches of spread under blanket.		
21. Fold top sheet over blanket.		
22. Miter corners of sheet, blanket and spread together on near side. Allow side to hang free.		

Steps to Follow:	YES	NO
23. Place pillow on side of bed and unfold cover on top lengthwise.		
24. Gather open end of cover in one hand, full length, and grasp pillow edge with same hand.		
25. With free hand, fit pillow corners into cover.		
26. Pull cover over length of pillow.		
27. Repeat steps 22-25 with pillow case.		
28. Place pillow on near half of bed with open end of case away from the doorway; walk to far side of bed.		
29. Fold back, on bed, each piece of linen.		
30. Pull mattress pad smooth and tuck under mattress from head to foot.		
31. Pull bottom sheet tight; tuck under head of mattress; miter corner; tuck in remainder of sheet from head to foot.		
32. Tighten plastic drawsheet; tuck in middle first, then top 1/3, and finally bottom 1/3.		
33. Repeat step 30 with cotton drawsheet.		
34. Pull top sheet straight and tuck under foot end of mattress. Top covers are draped over the footboard and tucked under the mattress if the equipment is in place.		
35. Repeat step 34 with blanket.		
36. Repeat step 34 with spread.		
37. Miter corner with top sheet, blanket, and spread together.		
38. Finish top fold and place pillow at center head of bed.		
39. Lower bed.		
40. Recess bed cranks.		
41. Raise bed rail on opposite side of entry.		

SOURCE: Nurse Assistant in a Long-Term Care Facility, pp. 193-195.

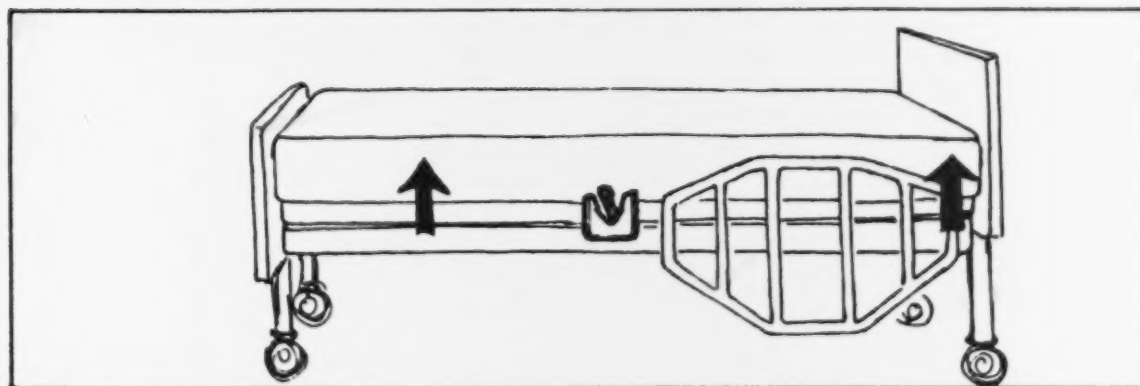
MAKING AN UNOCCUPIED BED

Stack bedmaking items in this order: pillowcases on bottom, followed by bedspread, blanket, top sheet, draw sheet, and bottom sheet on top.

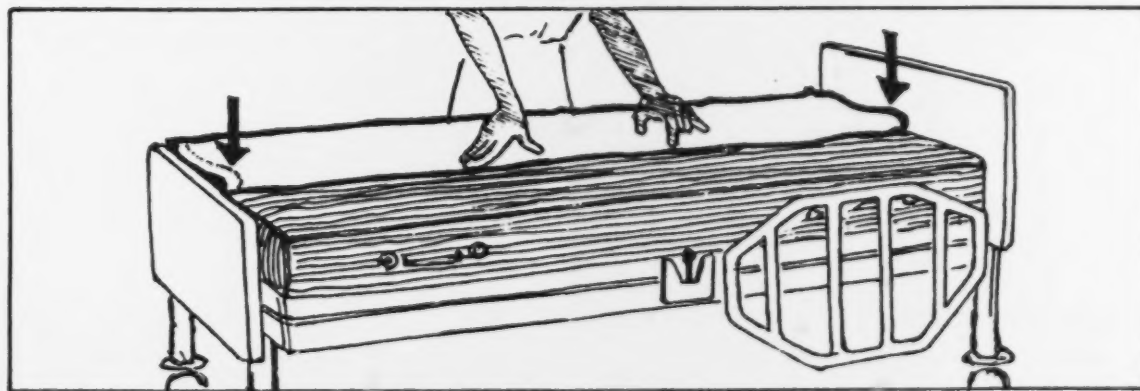


Set them on a chair beside the bed.

Raise the bed.

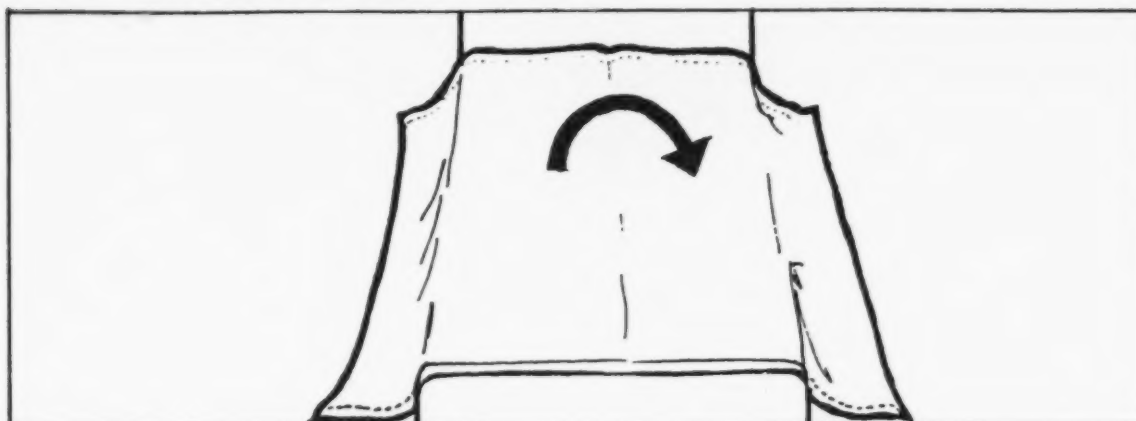


Fold bottom sheet lengthwise and place it on bed. Be sure center fold of sheet is at center of mattress from head to foot.



SOURCE: Nurse Assistant in a Long-Term Care Facility (Special Needs Edition), IML.

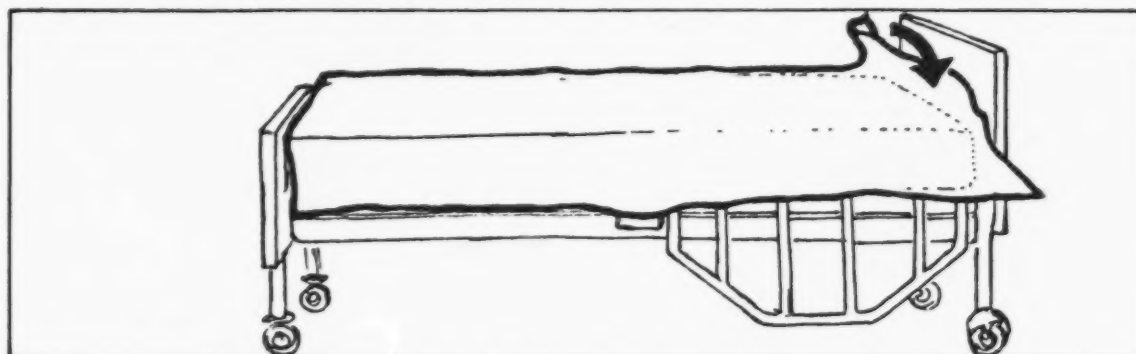
Open sheet from the fold. Sheet should hang evenly over each side of bed.



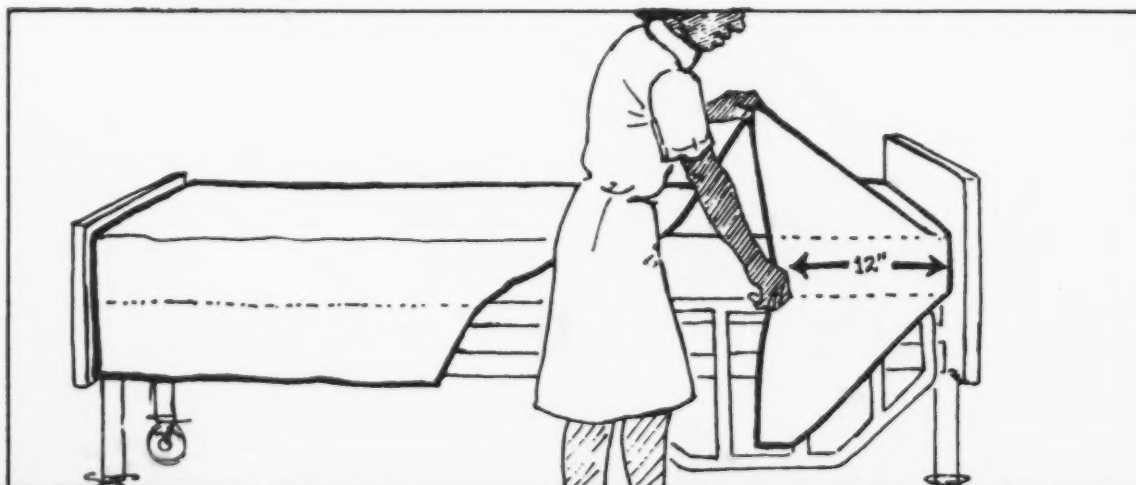
NOTE!

Rough edges of hem should be facing down.

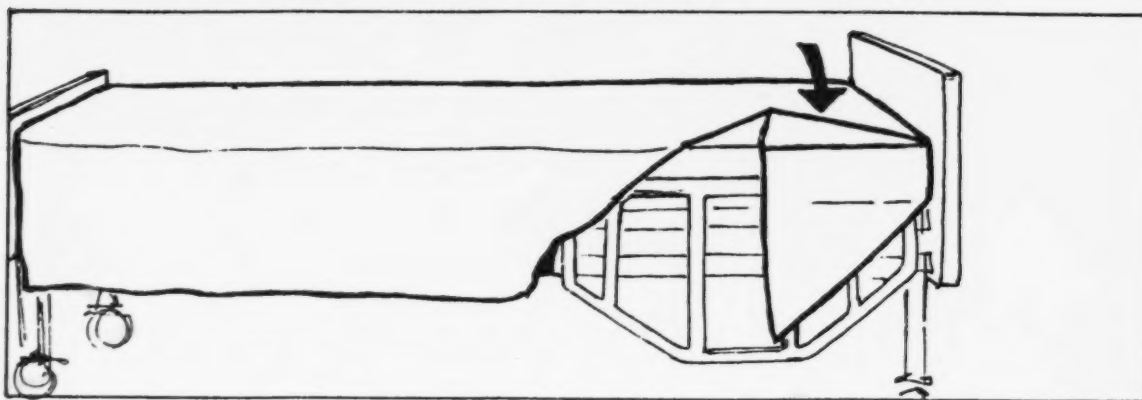
Tuck top of sheet under head of bed.



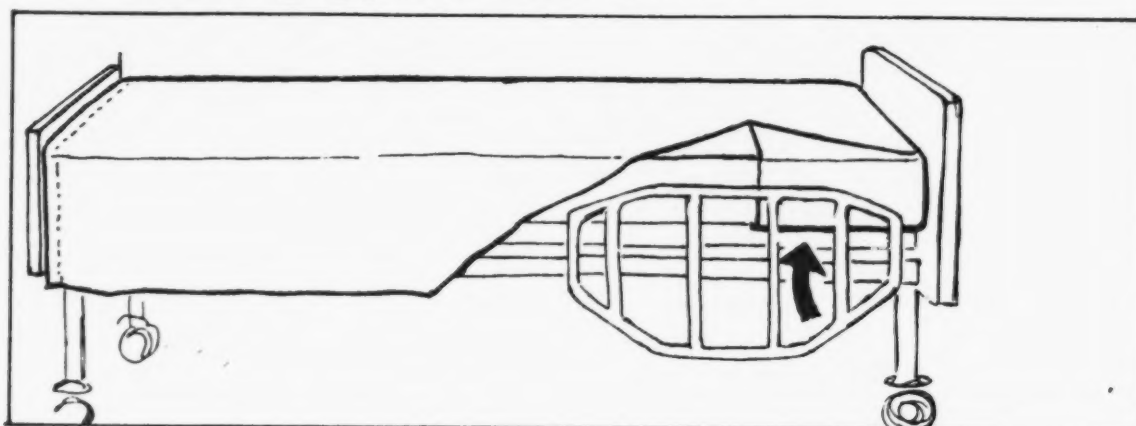
Pick up edge of sheet at side of bed about 12 inches from head of bed.



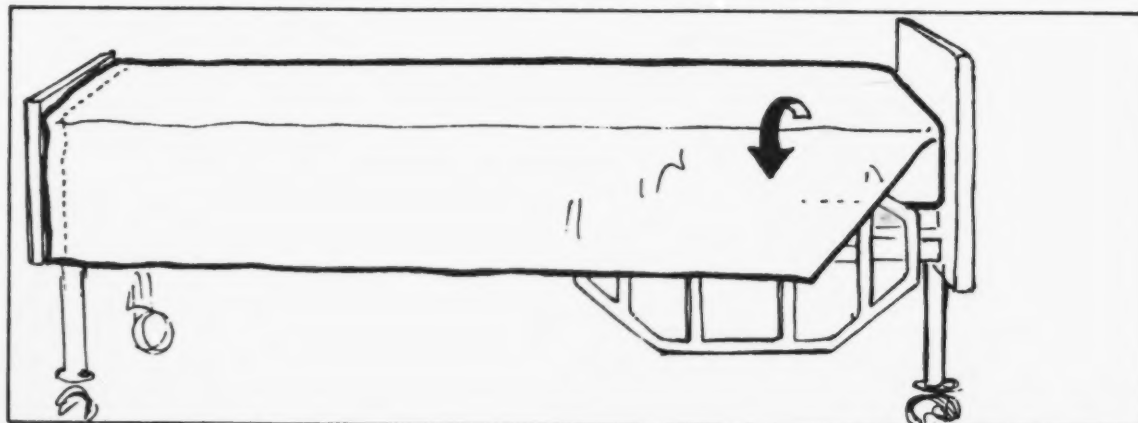
Place triangle (folded corner) on top of mattress.



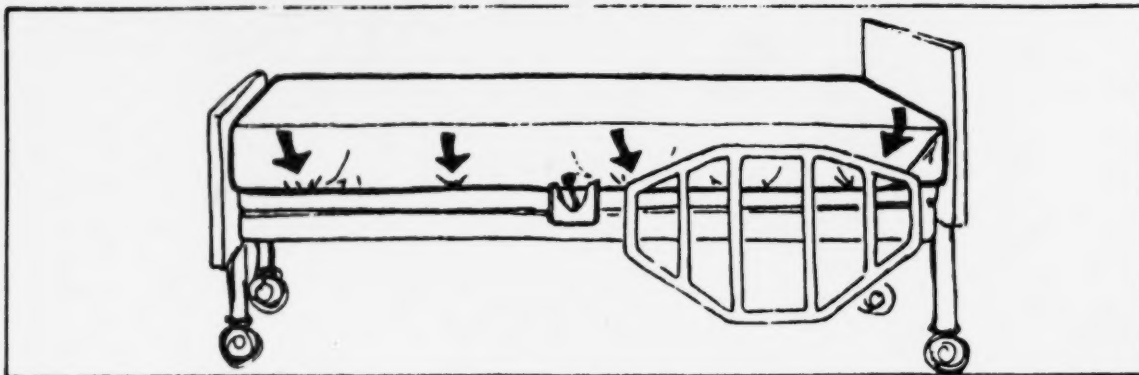
Tuck hanging portion under mattress.



Bring triangle forward over side of mattress.



Tuck sheet under mattress down the entire side of bed.
Make same kind of corner at bottom or tuck sheet in at side.

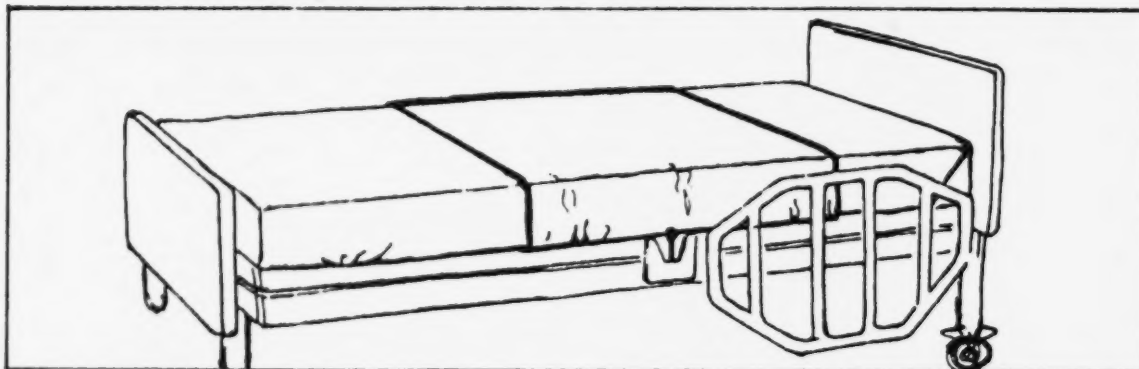


After you finish one side, move to other side and repeat.

NOTE!

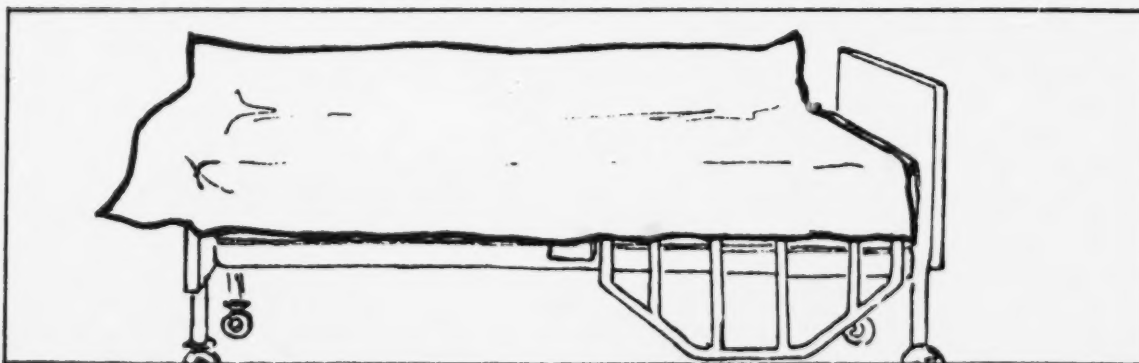
Make sheets as tight as possible, smoothing out all wrinkles.

Place a draw sheet about 14 inches from top of bed. Hang sheet evenly over each side of bed.

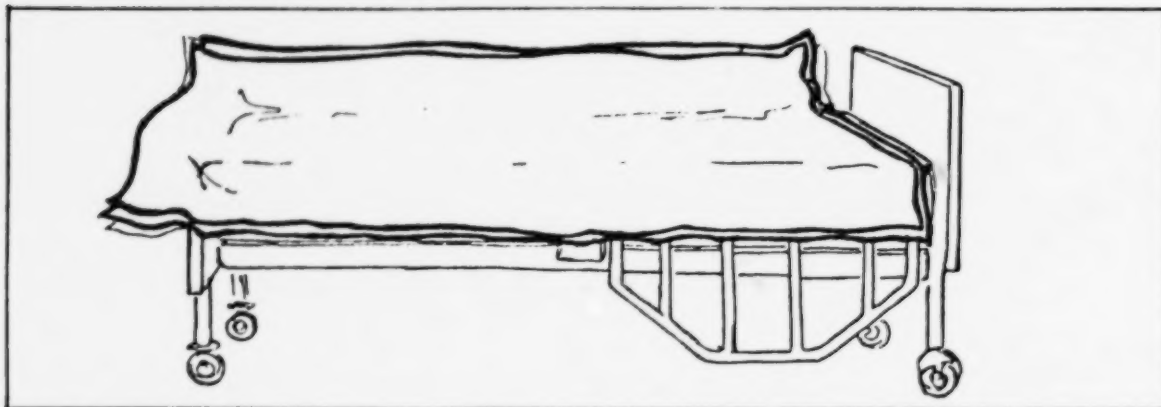


Tuck draw sheet tightly on each side of bed.

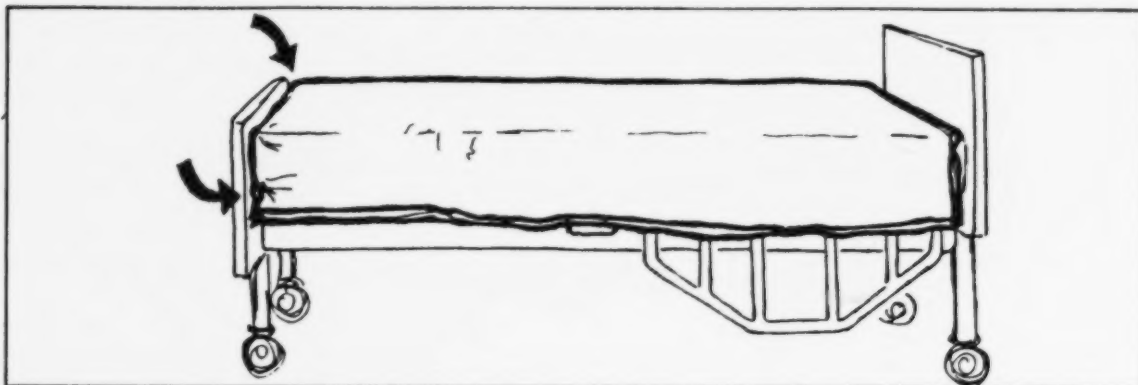
Place top sheet on bed. Large hem should be even with head of bed. Unfold it toward the foot, evenly on both sides.



Place blanket and bedspread on bed. Be sure they hang evenly on both sides of bed.



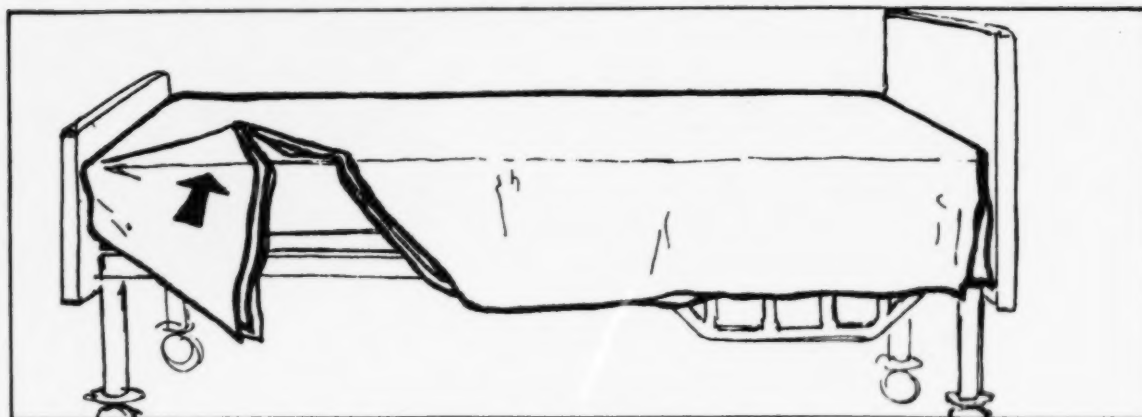
Tuck top sheet, blanket, and bedspread under tightly at foot of bed.



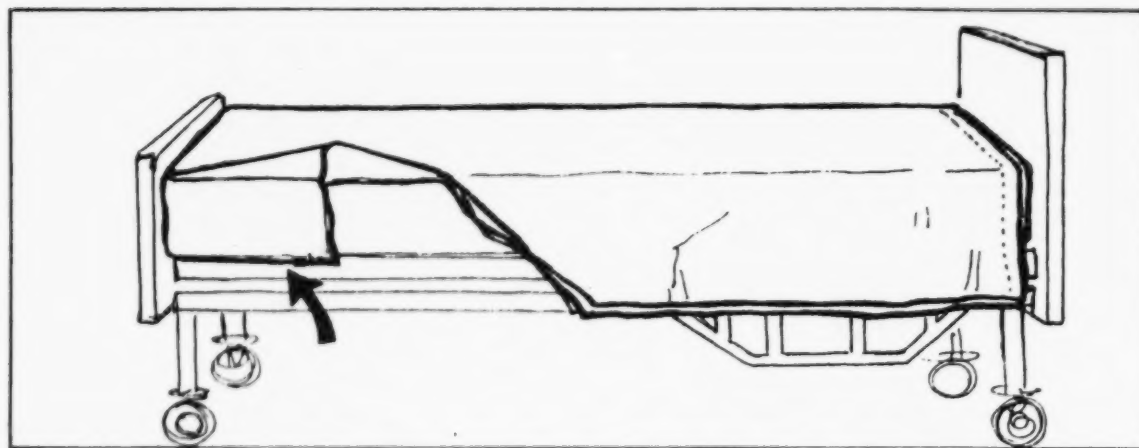
Pick up edge of sheet, blanket and bedspread at side of bed about 12 inches from foot of bed.



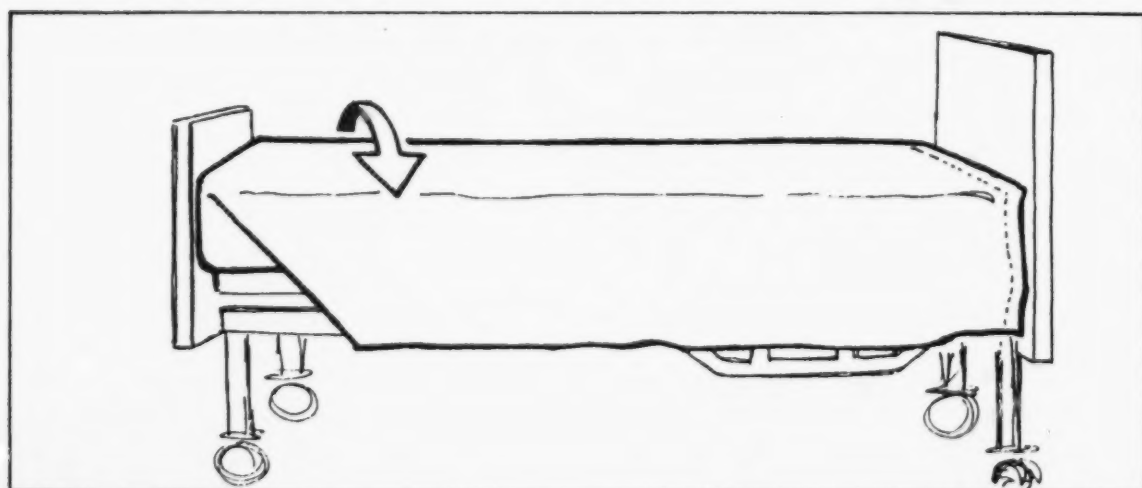
Place triangle on top of mattress.



Tuck hanging portion under mattress.

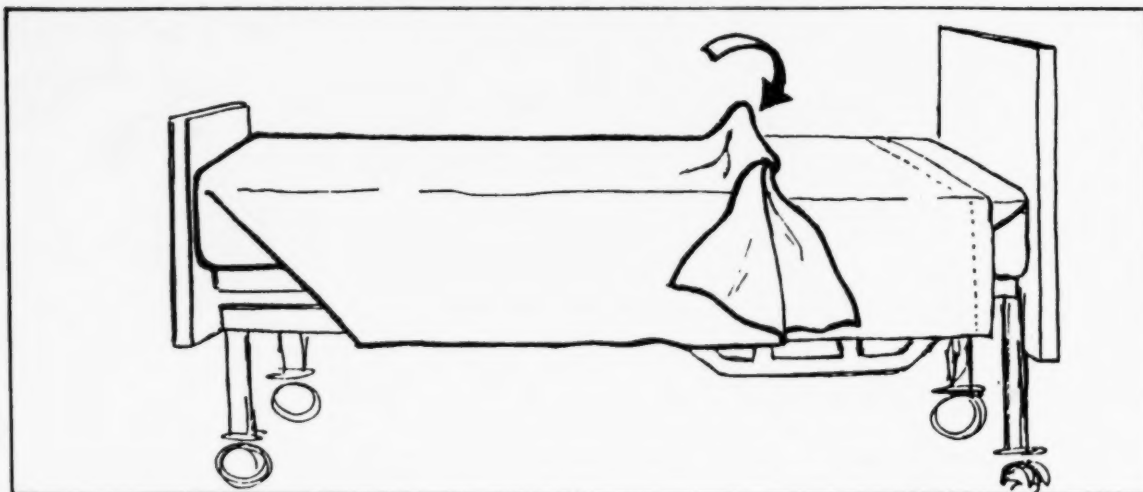


Bring triangle forward over side of mattress and let it hang.

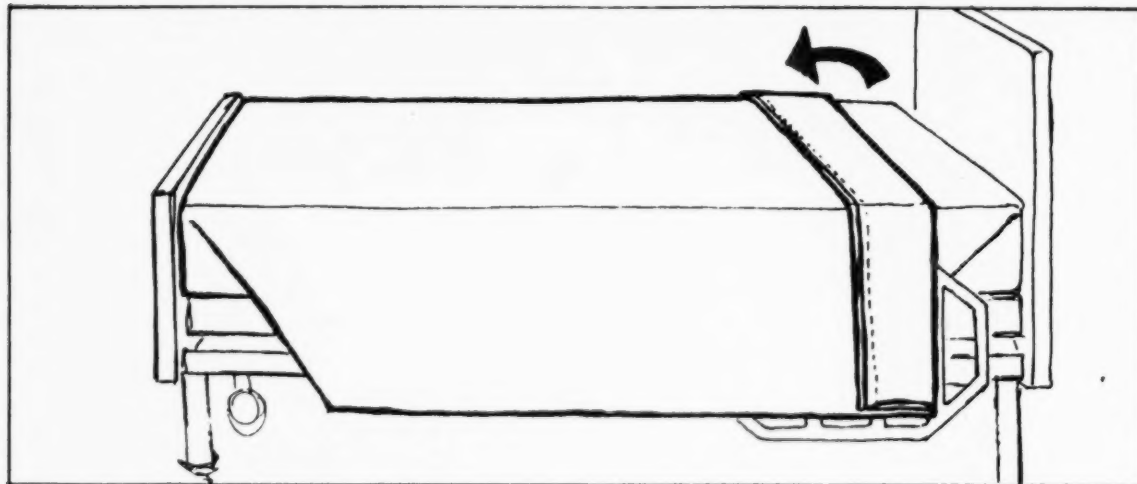


Repeat on other side of bed.

Fold hem of spread under top edge of blanket.



Fold top of sheet back about four inches over spread and blanket. You have now made a Closed Bed.



NOTE!

To make an Open Bed, continue with Step 24 in Section D of this unit.

To make a Surgical Bed, continue with Step 24 in Section E of this unit.

TURN TO NEXT PAGE

C. Placing a Pillowcase on a Pillow

1. Place pillow on bed.



2. Hold pillowcase at center of end seam.
3. With your hand outside of pillowcase, turn case back over your hand.



4. Grasp pillow through the case at center of one end.



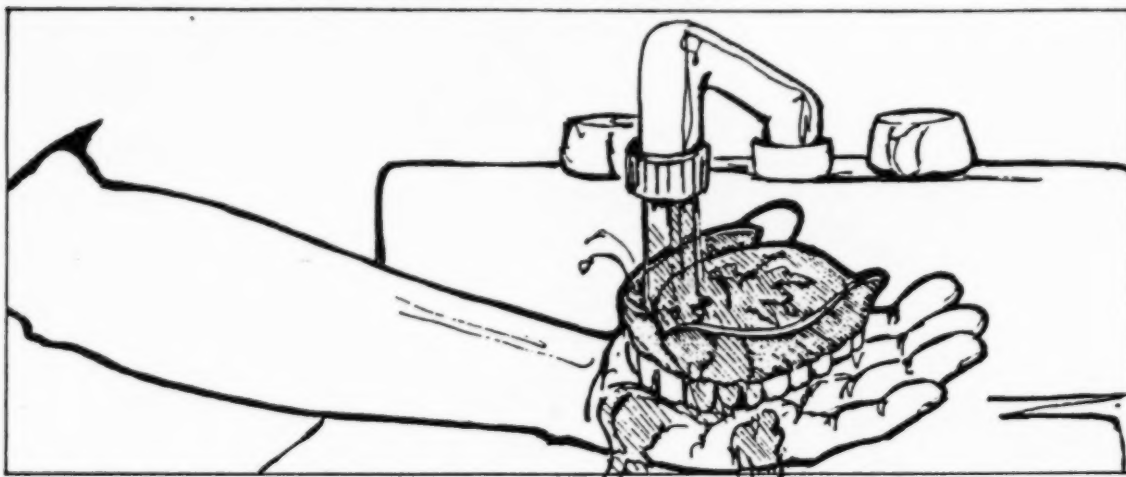
5. Bring case down over pillow.
6. Place pillow on bed.

HOW TO BRUSH DENTURES

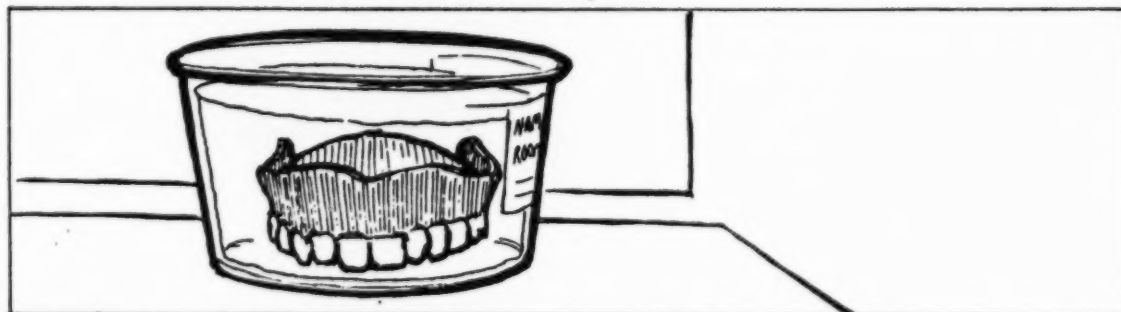
NOTE!

If you are uncomfortable holding dentures in your hand, hold them in a paper towel.

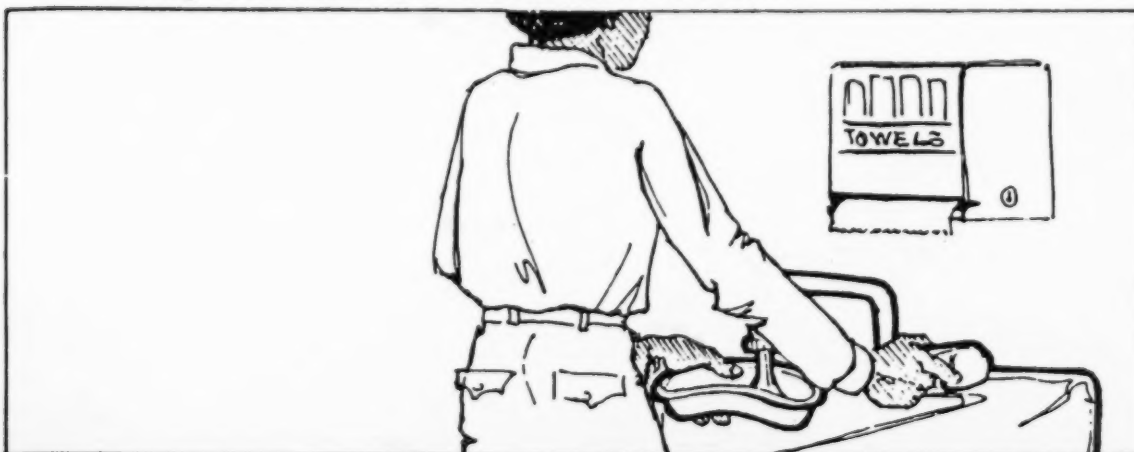
Rinse dentures well under cold water.



Place dentures in denture cup.

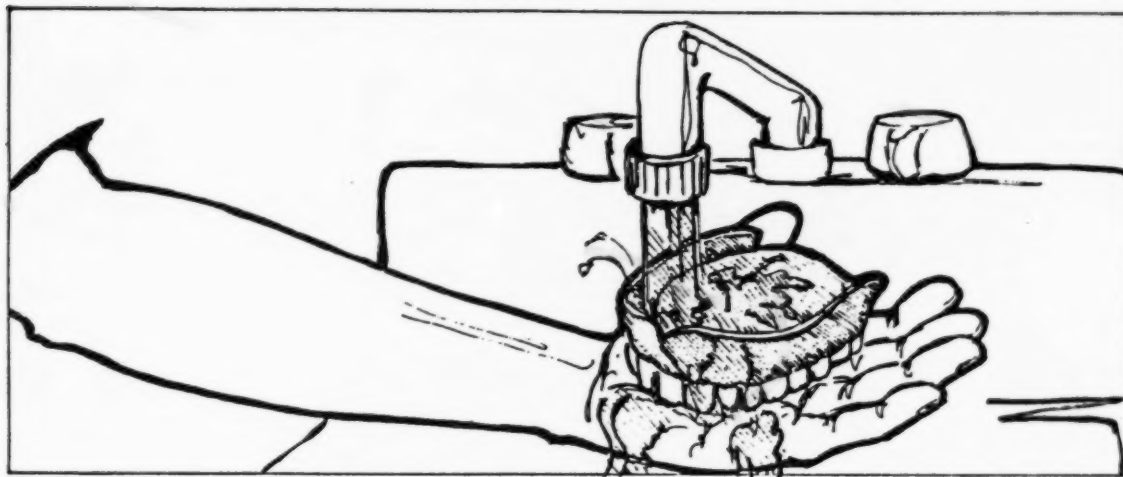


Bring clean emesis basin back to bedside.

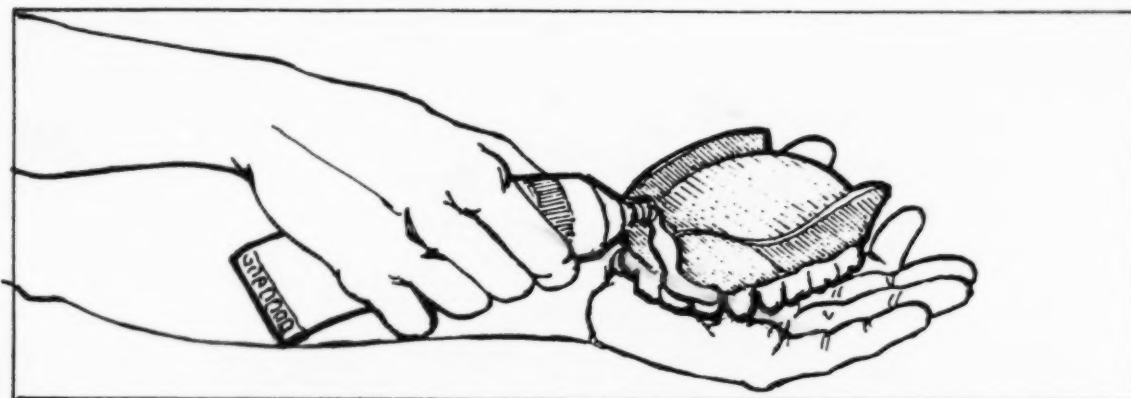


Turn on the cold water.

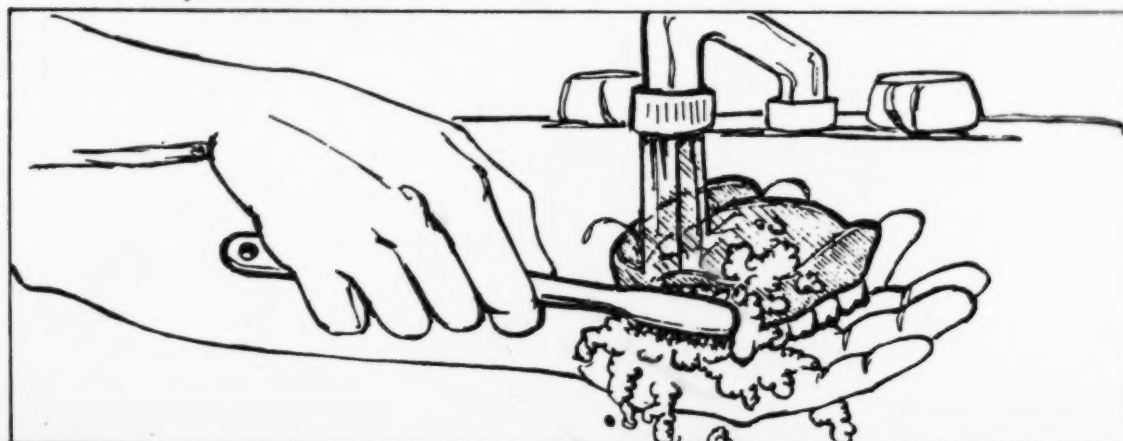
Take dentures out of emesis basin and wet them.



Apply toothpaste or denture cleanser.



With dentures in palm of your hand, brush dentures until they are clean.

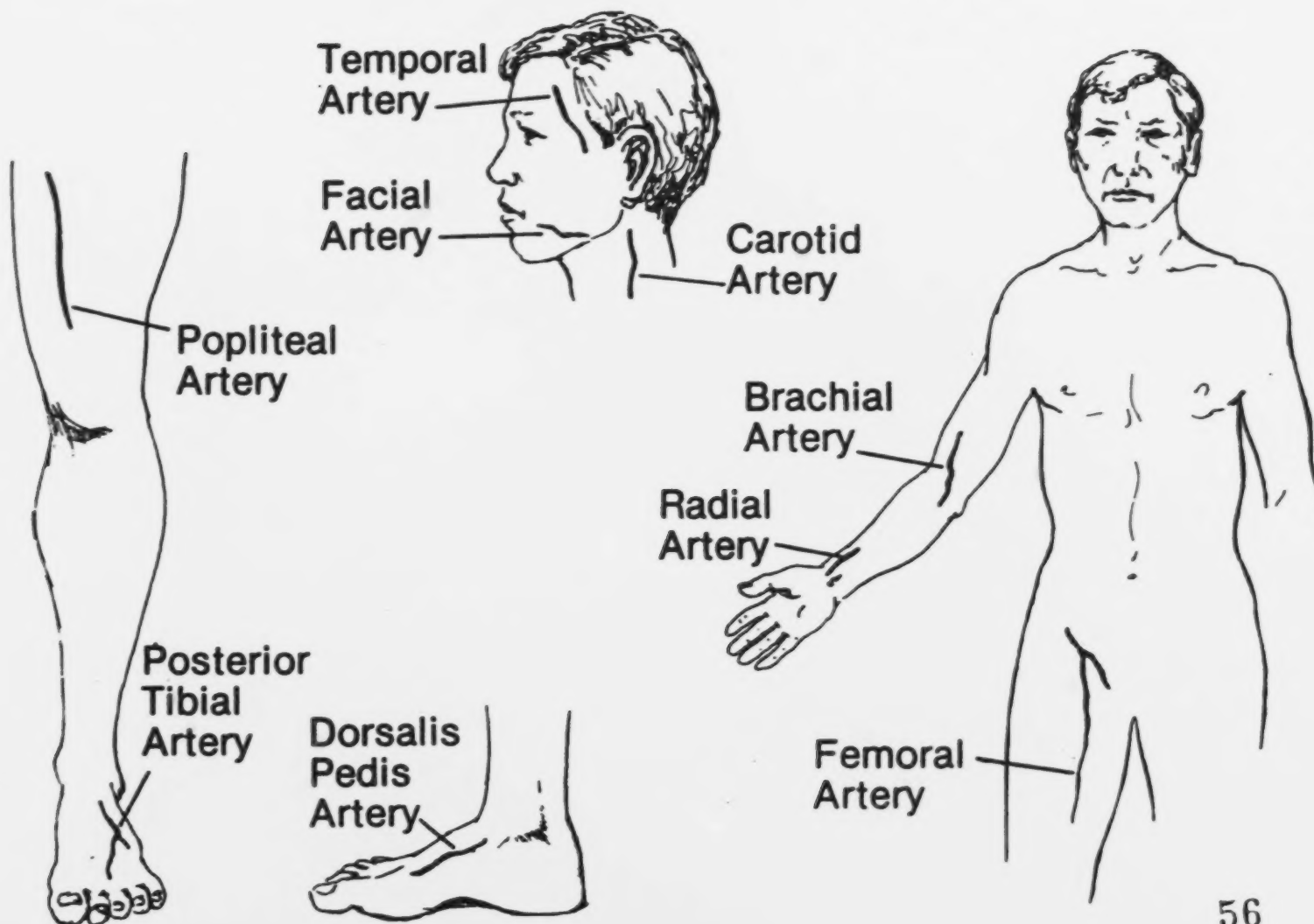


WORKSHEET

PULSE TAKING INFORMATION

- A. Pulse rate indicates the number of times the heart beats in a minute.
- B. The pulse can be affected by such things as exercise, excitement, and illness.
- C. The pulse indicates how well the blood is circulating through the body.
- D. It is routine to take an individual's pulse and respiration along with taking the temperature.
- E. Fingers must be gently pressed on the artery.
- F. Pulse rate of 60 or less, or 100 or more per minute should be reported to the charge nurse immediately.
- G. The pulse cannot be felt if the individual is holding anything tightly in his/her hand or has the fist clenched.
- H. The pulse is located on the far side of the wrist near the resident's thumb.
- I. If the individual is lying down, position the arm at the side or across the chest.
- J. Do not take the pulse with your thumb.
- K. Note if the beat is regular or irregular.

Sites For Taking A Pulse



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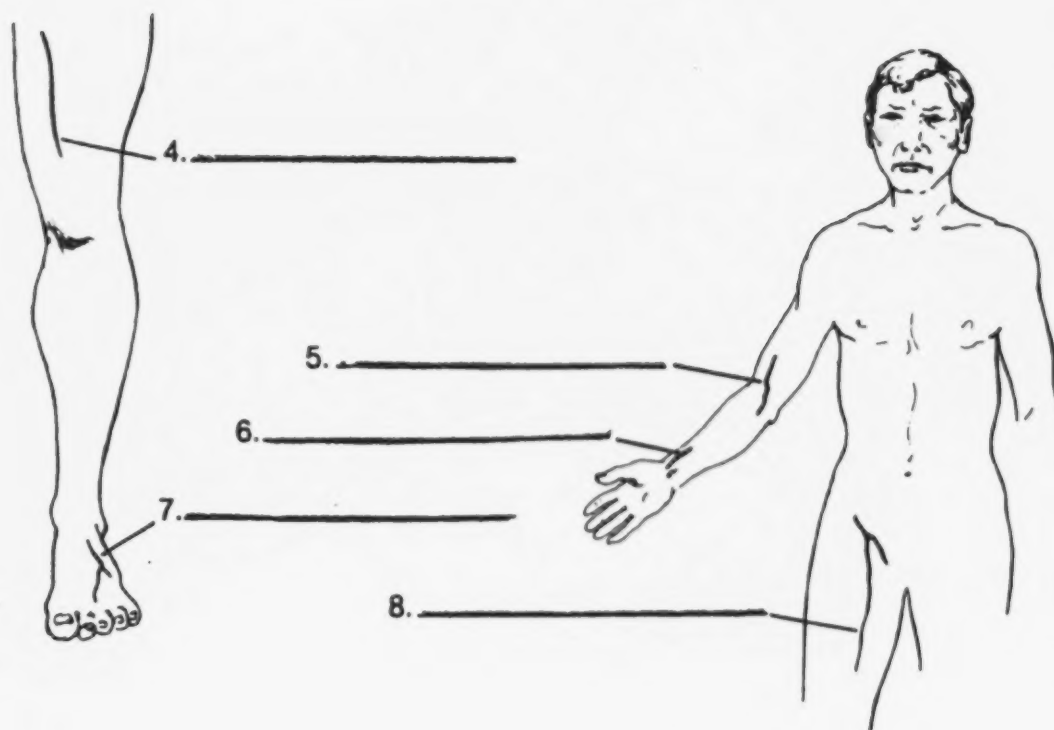
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HO #16

Assignment Sheet --Sites for Taking Pulse

Directions: Label following pulse sites.

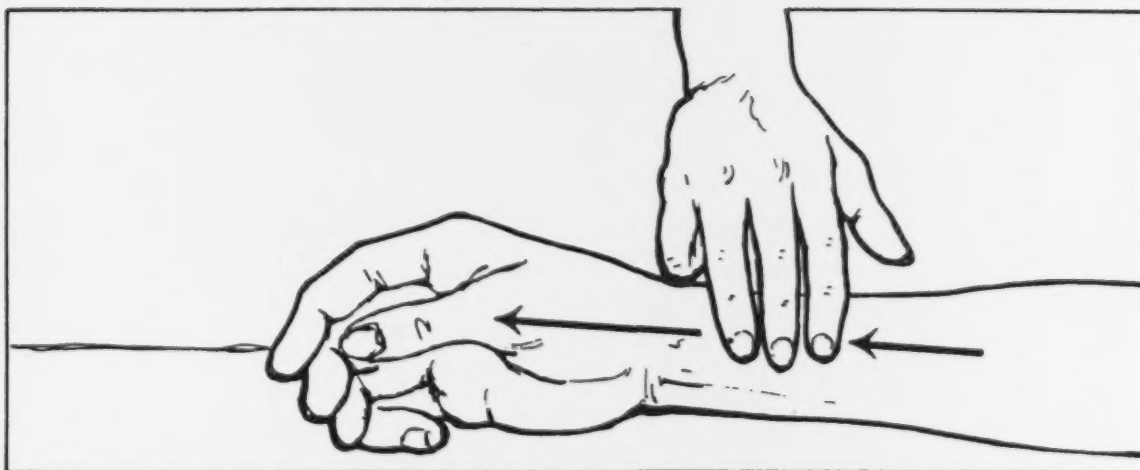


STEPS IN TAKING A PULSE

Ask patient to put arm out straight, resting it comfortably on the bed.



Put tips of your middle three fingers on inside of patient's wrist in a line with patient's thumb.

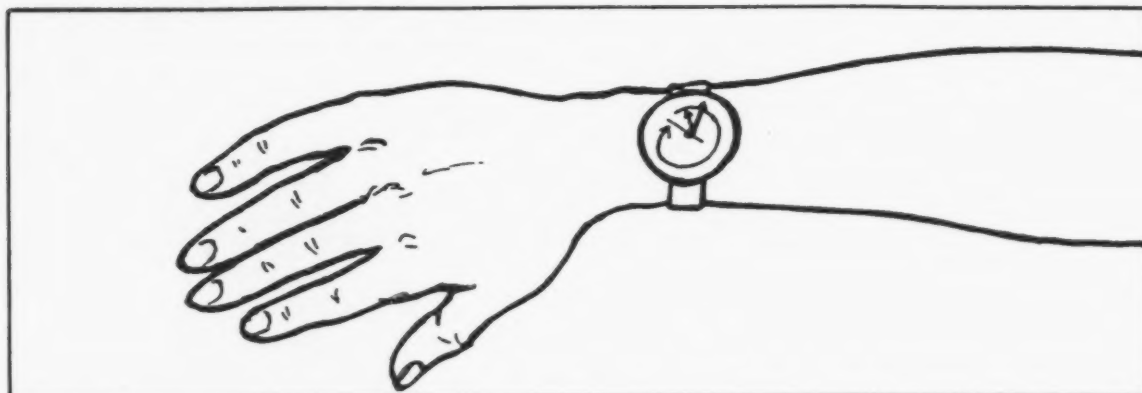


Press lightly until you feel the beat. If you press too hard, you will not be able to feel it.

NOTE!

Never use your thumb. Your thumb has a pulse beat so you would be counting your pulse instead of the patient's.

Look at the second hand on the watch. Count the pulse beats you feel for one minute.



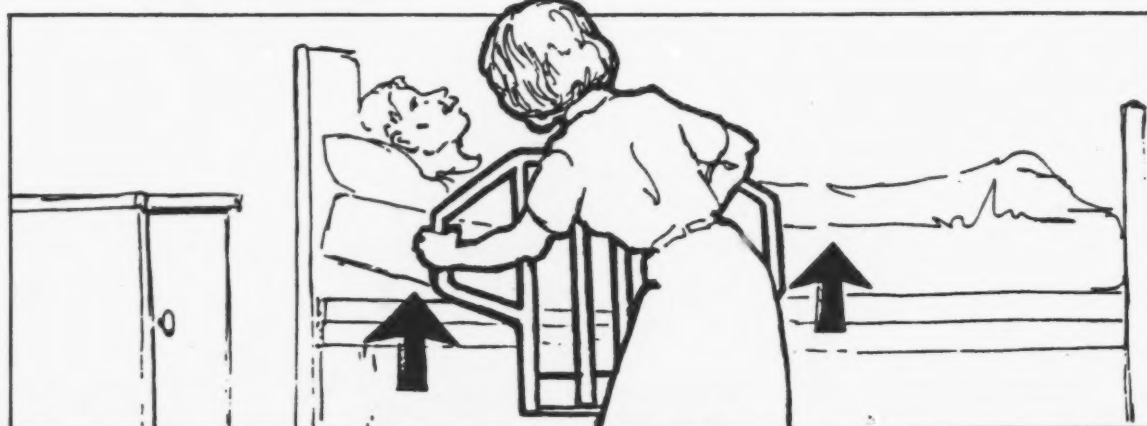
Record the pulse count on the form used by your institution.



NORMAL PULSE RATES

Children.....	80-120
Adults.....	60-80

Pull up side rail.



HEALTH OCCUPATIONS

Aptitudes - indicates an ability to:

coordinate eyes and hands or fingers rapidly and accurately (K-motor coordination)
make a movement response accurately and swiftly (K-motor coordination)
move the hands easily and skillfully (M-manual dexterity)
work with the hands in placing and turning motions (M-manual dexterity)

1. Student will demonstrate the ability to dress and undress a large doll and/or mannequin while doll is in a supine position.
2. Student will demonstrate caring for cosmetic needs as an individual. Provide student with the opportunity to brush, comb and style a classmate's hair. This can also be combined with the application of makeup on girls and shaving of boys using an electric razor.
3. Contact a local beauty school to see if they will allow students to see how to correctly shampoo and brush someone's hair, as well as provide the student the opportunity to try the procedure in the shop.
4. Student will demonstrate ability to care for an individual's nails. Provide student with the opportunity to trim, file, buff and polish an individual's nails. Many people in the community would be willing to demonstrate these techniques.
5. Student will demonstrate ability to wash an individual properly. Using the guide in worksheet HO #19, have student learn to wrap wash cloth around their hand to prepare to wash someone. Provide student with washable doll and have them wash the doll gently. Then have student use the mitten to wash their own face and then, using a clean mitten, practice on other students.
6. Student will demonstrate ability to set food trays according to specific directions. Provide student with five or six food trays from the school cafeteria. Also have enough china and silver for settings on each of the trays. Provide the student with a variety of menus, one for each tray. Ask him/her to set the tray according to your directions working as quickly and carefully as possible.
7. Student will demonstrate ability to tie strings without knotting. Provide an activity where student may practice tying bibs on other students. A relay race using bibs or loaned hospital gowns would be great fun and good practice.
8. Given a choice between two situations the student will respond quickly to the one requiring immediate attention. The teacher will need to contact health care emergency care services in their area to see if video tapes, photographs, or slides are available to demonstrate emergency situations to students to assist the student in recognizing what constitutes an emergency and what can wait for care.

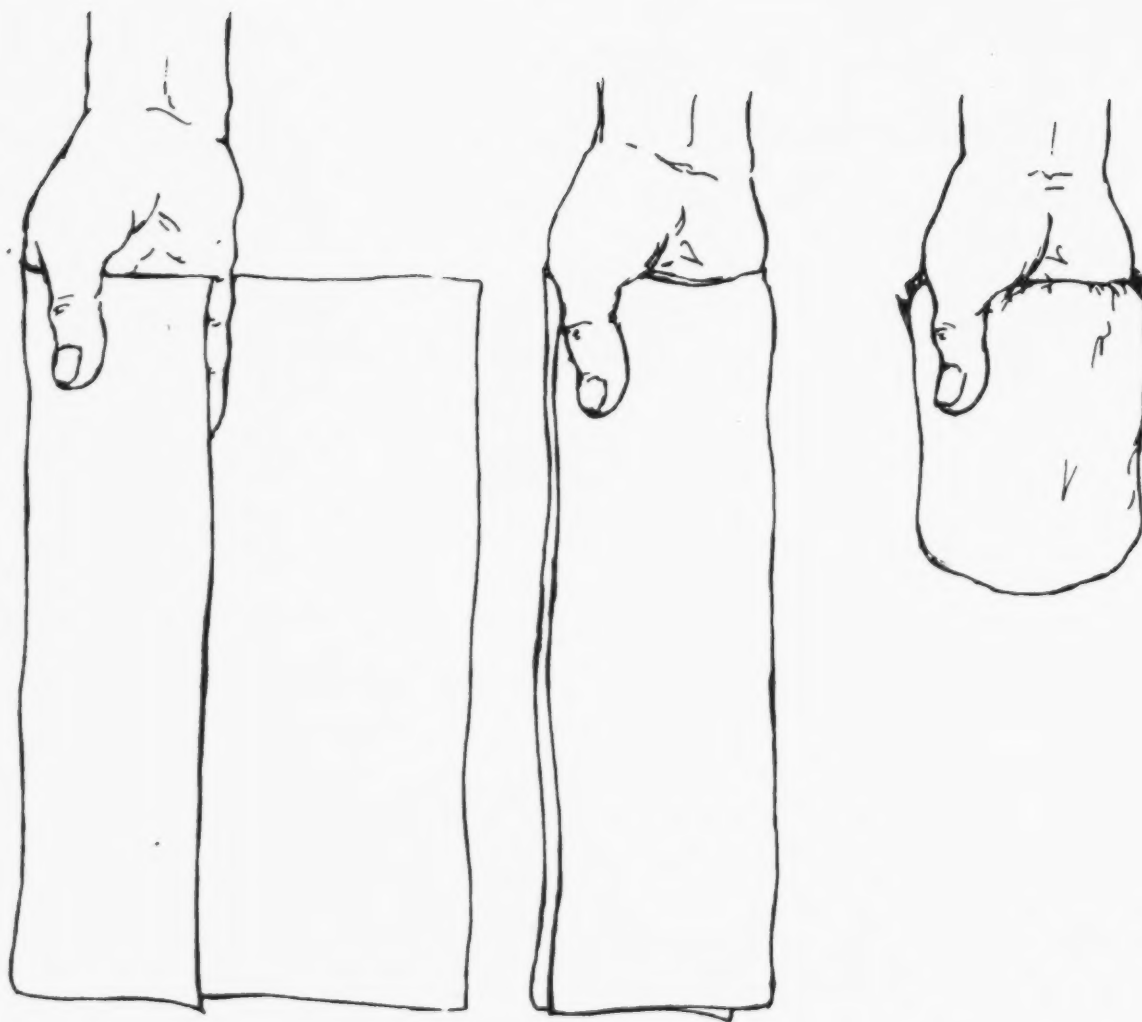
9. Student will identify elements in the environment using sensory input. Sensory observation concerning the condition of a patient in a health care setting is important. Identifying a rash or change in skin tone, hearing a rasping or wheezing when breathing, identifying smells that indicate fever or diabetic coma, feeling the conditions of skin (hot, cold, dry, clammy, etc.) are vital to provide competent health care services.
- a. Using a variety of methods provide student with the opportunity to identify differences in skin conditions. For example, show student pictures of varying skin conditions and ask them to describe what they see. Have student look for specific conditions in other students. Have the others made up to appear as if they had a rash or were very pale, etc. Being able to describe what is seen and noticing differences helps to train the student's eye.
 - b.
 - 1) Have student identify as many sounds as they can hear around them in a two minute period. This can be done verbally at first. Then have student write the sounds they hear in a one minute period (allow student to use any form of shorthand they choose). Teacher may do this at the same time and they may then compare notes.
 - 2) Have student tape a piece of paper to his/her desk with two columns; one column heading to read "coughing", the other to read "sneezing". Every time they hear one of the two sounds they are to make a slash mark in the appropriate column. If more than one student does the exercise they may compare notes.
 - c. Provide student with the opportunity to describe differences according to touch. Put a variety of items under a box where student may reach in, but not see, and identify hot, cold, clammy (cold noodles), firm (meat), flabby (a ziplock bag half filled). It is important that student know how to describe what they feel.
 - d. Learning to observe and record observations is an integral component of the health care profession. Provide student with opportunities to chart a wide variety of observations. For example, charting their own behaviors for a day, such as leaving seat, getting drinks, etc. Then charting other behaviors in the class. A list of the things a health care worker must observe and/or check is provided in worksheet HO #20. It is not expected the student would do these things outside of the health occupations program. However, a student should be aware of why learning to observe is important and what things they will have to observe in the health care profession.

SUGGESTION FOR PARENTS:

- 1. Have student give manicures to family members.

2. Where appropriate, have student shampoo, brush, and comb sibling's hair.
3. If father of student is willing, allow student to practice shaving father with no blade in razor.
4. Have student set table, seeing how quickly and carefully it can be done, for five evenings in a row.

Mitten



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WORKSHEET

OBSERVATION METHODS AND EXAMPLES

A. SEEING

1. Look and think about what you are seeing and what it means.
2. Observe for skin rash, reddened area, or swelling (edema).

B. HEARING

1. Listen to a sound and try to understand what it means.
2. Listen for a cough or wheezing sound when the patient breathes.
3. Some changes can be felt and described only by the patient: pain, nausea, dizziness, a ringing in the ears, or headache.

C. SMELLING

1. Smell the odor of a discharge.
2. Smell the odor of your patient's breath.
3. A smell of sweet, ripe fruit indicates diabetic coma.

D. TOUCHING

1. You can feel signs with your fingers.
2. Observations by touching are:
 - a. skin hot or cold
 - b. skin wet, dry, firm, flabby, smooth, coarse, or puffy

HEALTH OCCUPATIONS

Temperament - indicates an ability to adapt to:

dealing with people beyond giving and receiving instructions
performing a variety of duties, often changing from one task to another of
different nature without loss of efficiency or composure
performing under stress when confronted with emergency critical, unusual,
or dangerous situations, or situations in which working speed and sustained
attention are make-or-break aspects of the job

Communicating with patients and staff in a health care profession can be very sensitive due to the nature of the patient's condition. It is also important to understand directions given for individual care needs of patients. An understanding of the basic elements of communication and ability to recognize good communication skills in practice is essential for someone going into training in the health care profession. The following activities are designed to introduce the elements of communications and provide experience in this area. An instructional module on communication is located at the end of the manual. If a teacher feels a student needs extensive work in this area, instructional modules in the ACCESS SKILLS: Employability and Study Skills Assessment and Curriculum Guide may be used. Specific modules to refer to are:

Following Oral Directions

Following Written Directions

Speak Clearly in a Pleasant Tone

Use and Communicate on the Telephone

Demonstrate Acceptable Social Behaviors

Working in a health care profession requires a great deal of self-restraint in human relations. Also required is a strong understanding of ethical and moral obligations as they apply to the operations and dealings in a health care setting. The following activities are suggestions to help the teacher begin instruction in these areas. However, it is strongly recommended that additional activities and units be developed around these concepts.

1. The student will demonstrate understanding and practical application of legal and ethical terms associated with performance of duty in the health care profession. The list of these terms and definitions is provided in worksheet HO #21. Suggested activities using these terms are:
 - a. Verbally ask student to give an example of each word by providing a scene from something they have seen or read about. Do not attempt to teach the word at this time.

- b. The terms in which the student has a solid knowledge base may be set aside for a later activity.
- c. Using the terms for which the student does not demonstrate good understanding do the following:
 - 1. Provide students with the definition. Ask students to provide examples that might occur in their lives that would be considered that term. For example, "assault" - if I were walking home and someone jumped me, hit me on the head and ran away. Do this with all the unknown terms. It may be that five a day would be sufficient.
 - 2. Have student watch for incidents of the term's use either in people's conversation or action or from something seen on television. Allow student to share findings.
 - 3. When all terms are understood in the broad scope of the definitions, brainstorm ideas to elicit ways in which each term might apply to a health care setting.
- 2. Given five law and ethics terms relating to the health care profession, student will role play health care situations which demonstrate the student's knowledge of the term. A group of three or four students may act out a scene involving four or five terms. The students watching should be provided observation sheets to indicate if they know what terms are being presented and the incident in the role play that demonstrated the concept.
- 3. Student will demonstrate understanding of attitudes which will foster a positive working relationship with patients in a health care setting. Worksheet HO #22 provides a list of terms and examples of how these concepts apply to a health care setting. If possible take student to a health care setting, hospital or long term care residence. Have student list incidents in which they see health care providers demonstrating the concepts being taught. This trip may occur after student has first observed the concept in use or not being used by peers and by him/herself. Recognizing a concept and applying the concept are two different processes.
- 4. Student will demonstrate ability to use the attitudes that foster positive working relationships with individuals. Have student take one concept and chart how many times they use the concept each day for three days. The teacher may do the same. The student and teacher may then discuss their observations in a positive manner.
- 5. Student will develop an understanding of the basic concepts of communication as it relates to the health care profession. See worksheet HO #23.

SUGGESTIONS FOR PARENTS:

1. Have student work with parents and family members to develop a list of possible emergencies that might occur in the home and determine a pre-set course of action.
2. Have student lead a discussion with parents on how they might develop better communication techniques in the home based on classroom materials and lessons.

WORKSHEET

HEALTH CARE PERSONNEL - THE LAW AND ETHICS

As an employee in the health care occupations, it is important to be aware of legal and ethical responsibilities to prevent medical/legal problems.

When serving patients in any way, you are expected to maintain their confidence and trust. Any violation of the patient's trust and confidence may be defined as an illegal or immoral act.

There are certain laws which protect patients when entering the hospital or other health care facilities. The patient voluntarily signs an admission agreement giving his or her consent for treatment and care. Special consent forms are again required for special procedures.

Some possible situations for legal problems might be:

1. Restraining a patient: Are the restraints for the protection of the patient or the personnel? Must have Doctor's order.
2. Assault (threat to harm): Telling a patient, "If you don't be quiet, I'll tie your hands down."
3. Gossiping about patients may be defined as "defamation of character" or "defamation by slander."
4. A written entry in a chart such as "the patient was a cross old crackpot today" could be defined as written defamation and "libel."
5. Personal information about patients comes under the classification of "privileged information."
6. In the long-term care facility, a surveyor may want to look at a patient's skin. Without the patient's consent or proper screening, this would be "invasion of privacy."

As a health care worker, you must become familiar with certain legal and ethical terms. The following list of terms will assist you in understanding your responsibility.

1. Assault: threat or attempt to injure another in an illegal manner
2. Battery: unlawful touching of another person without his or her consent, with or without resultant injury
3. Consent: Permission granted voluntarily by a person in his or her right mind

4. Duty of care: the obligation under law for a health care worker to perform services for a patient which meet the common standards of practice expected in his or her community for a comparable worker
5. Ethics: the discipline dealing with what is good and bad and what is moral duty and obligation
6. False imprisonment: holding or detaining a person against his or her will or without a physician's orders
7. Invasion of privacy: a civil wrong that unlawfully makes public knowledge of any private or personal information without the consent of the wronged person
8. Libel: a civil wrong; to communicate in writing defamatory matter about an individual or group to a third party
9. Malpractice: professional care that has led to injury due to faulty practice or neglect
10. Negligence: failure to perform in a reasonably prudent manner or by acceptable health care practices
11. Privileged communication: any personal or private information which is relevant to a patient's care, given by the patient to medical personnel
12. Slander: spoken statement of false charges or misrepresentations which defame or damage another's reputation
13. Breach: breaking of a law or of any obligation or contract
14. Custom: long-established practice; an accepted behavior
15. Conduct: one's actions in general; behavior
16. Ideal: a standard of perfection or excellence
17. Unethical: not ethical; not representative of ideal behavior
18. Value system - Behavior: pattern of conduct or ideas that are accepted as worthwhile or meaningful

SOURCE: Nurse Assistant in a Long-Term Care Facility, p. 29.

WORKSHEET

ESSENTIAL ATTITUDES FOR ESTABLISHING WORKING RELATIONSHIPS
WITH LONG-TERM CARE RESIDENTS WITH BEHAVIORAL PROBLEMS

I. Politeness and Tactfulness

Politeness is a social courtesy.

Tactfulness is skillful thoughtfulness in handling a situation.

Examples of politeness and tactfulness:

Politeness

"Please"; "Thank you" - magic words.

"May I help you?" with a smile.

Allow others to pass - no pushing.

Be gentle in manner and tone.

Always address both employee and resident by surname (Mr., Mrs., or Miss).

Tactfulness

Think carefully before speaking, so as not to offend others.

Learn how to answer residents' questions to their satisfaction by referring to the proper person, etc. (such as, "Why don't we ask your doctor?").

II. Friendliness

Friendliness is warmth and good will between people and includes courtesy, confidence, and hospitality. The mental patient needs to feel accepted by others. The nurse assistant is his/her good friend with a sense of responsibility for his/her welfare.

III. Patience

The ability to accept the residents' odd and often strange behavior in a supporting manner and to give them the feeling that we are in sympathy with them and are interested in their welfare is important. This stems from knowledge. Mental illness is often of longer duration than most physical illness. The nurse must develop the enduring quality of not giving up when improvements are SLOW.

IV. Truthfulness

Truthfulness is best demonstrated by an earnest and sincere manner. All residents need to have trust in the people who care for them, so that they can again learn to rely on people.

V. Poise

To be composed in the face of difficult situations requires thoughtful control and is not always easy.

To recognize that the resident's difficult behavior is part of his/her illness is an aid in controlling your temper. Make it a rule never to touch a resident with rising emotional upset unless absolutely necessary. Then do it firmly and with such confidence and good spirit that neither the resident nor his/her pride is injured.

VI. Confidence in Ourselves and Others

When we have faith and assurance in ourselves, it tends to stimulate the same in others.

Most mentally ill patients have lost confidence, and our goal is to help them regain self-confidence and faith in others.

We can do this by helping residents to look and feel better, live according to good health and behavior standards, and again feel successful in work and play projects in the treatment program. When we show residents that we believe in their treatments and that recovery from mental illness is possible, we help them to regain necessary confidence. When we give honest compliments for good efforts, we help them to understand what is expected which can aid in recovery.

VII. Receptiveness

To listen to another person's interests politely, unselfishly and tactfully is a compliment to that person; and, wisely used, it creates a pleasant bond between two people.

SOURCE: Nurse Assistant in a Long-Term Care Facility, pp. 148-149.

WORKSHEET

KEY POINTS TO BE COVERED RELATING TO
NURSE ASSISTANT AND COMMUNICATION

I. The Five Elements of Communication

A. Sender

1. Source of information
2. May be a tape recorder, television, radio, or record player

B. Message

1. The information which is to be sent

C. Channel of transmission

1. If the message is spoken, it travels by sound waves to the listener.
2. If the message is written or gestured, it requires light.

D. Receiver

1. Someone or something "hears" or "sees" the message.

E. Response

1. A person tries to understand and respond to the message.
2. If the receiver is a machine, its response may be a click.

II. Verbal Communication

- A. Definition: Usually a voluntary act which transmits a message using a language.

B. Types of verbal communications

1. Telephone etiquette
2. Delivering and receiving messages
3. Greeting residents and visitors
4. Making appointments

III. Non-Verbal Communications

- A. Definition: Does not depend upon words. It expresses feelings or emotions in other ways.
- B. Types of non-verbal communications
 - 1. Facial expression (smile; frown; twist of the mouth; raised eyebrows)
 - 2. Gestures and body movements (a shrug of the shoulder; hand movements)
 - 3. Posture of the body (hunching over; standing straight)
 - 4. Tone of voice (sarcastic; friendly)
 - 5. Smells (the odor of stool; the fragrance of cologne)
 - 6. Space (the distance between two people as they talk; how close a nurse assistant gets to the patient)
 - 7. Silence (approving; sympathetic; hostile)
 - 8. Touch (gentle; rough)

IV. Barriers that Prevent Communication

- A. Changing the subject
- B. Giving your own opinion about the person and his/her situation without being asked
- C. Belittling a person's feelings
- D. Seeming to be too busy
- E. Jumping to conclusions before you know the entire story
- F. Giving false or inappropriate reassurances
- G. Causing fear of an unpleasant response

V. Other Reasons Why Messages are Missed which May Be Prevalant in Persons in a Long-Term Care Facility

- A. Deafness
 - 1. Description: May be slight to total loss of hearing

2. Loss of interest in group activity, in other persons, or in what the nurse says
3. Apparent disregard for directions or suggestions
4. An attempt to lip read
5. Nursing action
 - a. Give patient time to adjust hearing aid (if applicable).
 - b. Speak slowly and distinctly.

B. Difficulty Speaking

1. Description: May be slight slowing down of speech due to aphasia (total or partial inability to use words)
2. Hardening of the arteries, causing interference with circulation to the speech center of the brain, may be the cause of speech difficulties in the geriatric patient.
3. May know what he/she wants to say but is unable to say it
4. May be denying feelings related to chronic disease
5. Nursing action
 - a. Explain instructions and information in simple terms.
 - b. Explain treatments carefully.

C. Slowing down of understanding

1. Description: Slow to understand the meaning of words, even if his/her hearing is unimpaired
2. Lack of blood circulating to the brain causes the older patient to become less alert.
3. After a mild stroke, certain words may be lost completely.
4. May pretend to understand by smiling and nodding his/her head.

D. A different language

1. Youth and the elderly speak a different language

2. Plane
 - a. To youth; a flying vehicle
 - b. To elderly; wide, open fields

E. Blindness

1. Communicate with speech if the patient can hear.
2. Touch.

VI. How Hearing and Listening Differ

- A. Hearing is defined as a passive awareness of sound.
- B. Listening is defined as an active, conscientious attempt to hear what the message is and what it means.
- C. Health Care Workers' Action
 1. Requires concentration and close attention to what is being said and done.
 2. Always look directly at the person who is speaking.
 3. Be alert when listening.
 4. Try to put aside your own prejudices and values.

VII. Communicating Effectively

- A. Showing an interest in talking with the patient
- B. Allowing time for talking
- C. Pacing yourself to the speed at which your patient talks
- D. Trying to get at the person's eye level and staying within sight
- E. Exploring the reasons why communication is not occurring, if this is so
- F. Remembering that, when you communicate, you are not only conveying words but also your attitudes and feelings about yourself and others.

- G. Reminiscence: A form of communication
 - 1. A way of reviewing life and preparing for death
 - 2. Listen to their stories.

VIII. Summary and Conclusion

- A. Elements of communication
- B. Verbal communication
- C. Non-verbal communication
- D. Barriers to communication
- E. Reasons why messages are missed
- F. How learning and listening differ
- G. Key points in communicating effectively

Based on the information on communication, answer the following questions.

1. _____ is usually a voluntary act which transmits a message.
2. _____ is an expression of feelings or emotions which does not depend on words.
3. Circle the types of non-verbal communication?
 1. Facial expression
 2. Gestures and body movement
 3. Excessive loud speech
 4. Touch
4. All of the following are barriers which prevent communication, except one. Circle the one that is not a communication barrier.
 1. Changing the subject
 2. Concentration and paying close attention to what is being said and done
 3. Giving your own opinion about the person and his/her situation without being asked
 4. Belittling a person's feelings

In the space provided, place a "T" if the item is True and an "F" if the item is False.

- _____ 5. An apparent disregard for directions or suggestions may be a sign of deafness.
- _____ 6. A person with a speech problem may know what he/she wants to say but is unable to say it.
- _____ 7. After a mild stroke, certain words may be lost completely and the resident may pretend to understand by smiling and/or nodding his/her head.
- _____ 8. It is important to use the non-verbal communication technique of touching when communicating with the blind resident.
- _____ 9. Always look directly at the individual who is speaking to you.

HEALTH OCCUPATIONS

Vocational

Demonstrate knowledge of basic safety concepts

1. Student will learn basic safety expectations for workers in a health care facility. See worksheet HO #24.
2. Student will demonstrate knowledge of basic first aid. See first aid module included in this manual.

SUGGESTIONS FOR PARENTS:

1. Have student review items on the safety tips handout that relate to the home with family members.
2. Have student implement appropriate safety tips in home. For example, placing emergency numbers by each phone in the home.

SAFETY TIPS FOR NURSING HOME PERSONNEL

1. Allow smoking only under supervision and in approved areas.
2. Provide large ash trays in smoking areas.
3. Do not use extension cords except as a temporary measure and then for only one appliance and not more than 6 feet in length.
4. Know location of fire extinguishers and how to use each type.
5. Never prop open a fire door.
6. Prohibit use of kerosene and gasoline lamps or lanterns and candles.
7. Burn trash with careful watching in approved covered containers a safe distance from buildings. Avoid burning if at all possible.
8. Never burn trash on windy days.
9. Use only well-balanced chairs in good repair.
10. Use suction mats or "safety grip" strips in tubs and showers.
11. Post emergency phone numbers near each telephone.
12. Participate in fire drills.
13. Study and understand the fire evacuation plan.
14. Invite members of local fire department to visit the home.
15. Keep an up-to-date, convenient, portable roster of residents' names.
16. Provide bed rails when necessary.
17. Leave articles such as water glasses, wipes, and signal devices in easy reach of resident.
18. Supervise tub and shower baths.
19. Prohibit use of throw rugs.
20. Use slip resistant floor wax.
21. Provide adequate lighting.
22. Do not allow wheelchair residents to use ramp alone.

23. Provide protective screens between residents and radiators.
24. Close areas being mopped or waxed to traffic.
25. Store mops, brooms, and carts properly to prevent tripping hazards.
26. Place furniture to allow clear passage to doorways, hallways, and exitways. Do not block exits.
27. Store poisonous drugs and chemicals separate from internal medications and under lock and key.
28. Have antidote list readily available.
29. Read medication labels three times before administering medication.
30. Assign one responsible person to select, measure, administer, and chart medications.
31. Never administer medications without a physician's order.
32. Never place medications on meal trays or at table places.
33. Destroy medications in proper manner.
34. Keep drug labels clean and legible.
35. Keep medicine cabinet locked and keys accessible only to responsible persons.
36. Store narcotics in properly locked area within locked medicine cabinet.
37. Never allow medications to be kept in residents' rooms.
38. Use only restraints that can be quickly released in an emergency.
39. Use restraints only on physician's order.
40. Know how to properly lift and assist residents.
41. Know precautions needed for storage and use of oxygen.
42. Never pick up broken glass with bare hands.
43. Avoid storing articles on top of lockers, cabinets, and other furnishings.
44. Use proper precautions with combustible cleaning compounds.
45. Use only fire resistant Christmas trees and decorations.

46. Avoid the use of lights on Christmas trees and wreaths. Reflector lights set on the floor may be used.
47. Clean spillage immediately.
48. Allow only trained personnel to operate pressure equipment.
49. Follow instructions in operating pressure equipment.
50. Encourage frequent and thorough hand washing.

INSTRUCTIONAL MODULE

VOCATIONAL AREA:
Health Occupations

ACCESS SKILL: DEMONSTRATE THE ABILITY TO COMMUNICATE
EFFECTIVELY WITH EMPLOYERS, CO-WORKERS
AND THE PUBLIC

TASK ANALYSIS STEPS: A-E

ACTIVITY	MATERIALS/RESOURCES
TASK A: Student will identify basic elements of good communication. 1. Teacher activity: Teacher defines good business communication as "the art of sending or receiving messages that are understood." Teacher explains that ideas are sent in a variety of ways. Examples: <u>Speaking</u>: "Peter, please close the door." <u>Writing</u>: A postcard telling you about your friend's vacation, a work order form telling the carpenter what to do, a menu telling the customer what food is available, a "No Smoking" sign, an ad in the newspaper. <u>Non-verbal</u>: Teacher asks class to tell what he/she is trying to communicate: Teacher motions for a student to stand up; teacher uses facial expression and body language to show anger; teacher points out that students are sending non-verbal messages right now. "John looks bored," "Susan looks tired," etc. Student activity: Divide students into pairs. Have students try as many different ways as possible to send the same message. 2. Teacher activity: Teacher points out that we receive messages in a variety of ways. We hear spoken messages, read written messages, and observe non-verbal (body language) messages. Have students explain how they received the messages sent to them in the previous activity. Student activity: Ask students to identify the senders and receivers in the messages on Worksheet A2, "Identifying Message Senders and Receivers." 3. Teacher points out that it is not enough to send and receive messages. Messages must also be understood. Teacher gives example of not understanding by saying something to the class in a foreign language (or gibberish). Was the message sent? (yes) Received? (yes) Understood? (no) Communication that is not understood is not effective. Have a discussion with students about why messages are frequently sent and received, but not understood (i.e., differences in meanings of words, unfamiliar slang, incomplete information, assuming someone remembers or has experienced something when he/she hasn't.). TASK B: Student will state why good communication is necessary on the job. 1. Teacher has students brainstorm for reasons why communication is important on the job. Teacher asks students to imagine what school would be like if nobody communicated at all. What problems would result? Would the work get done? Also imagine what a hospital or nursing home would be like without communication.	Worksheet A2

ACTIVITY	MATERIALS/RESOURCES
TASK C: Student will identify and demonstrate appropriate non-verbal communication in a work situation. 1. Teacher points out that we are always communicating. Even when we don't use words, we are saying things non-verbally. Over half of our communicating is usually done without words. Teacher points out that students are non-verbally communicating with him/her now. For example: John looks tired, as he's lying with his head on his desk. Susan looks interested, as she is leaning toward me slightly and has frequent eye contact. Teacher asks students to show an emotion to a partner without using words. Partner guesses the emotion. Teacher asks what made him/her guess that emotion. Teacher points out that we communicate with our: - facial expressions - eye contact (or lack of it) - body posture - gestures - physical closeness/distance from someone Teacher gives examples of each of these and asks students to guess what he/she's communicating. Explain that in a health care setting patients send many non-verbal messages and health care workers must be very observant and always looking for such messages. 2. Teacher has students do activity sheet on "Communicating Non-verbally." Answers may be different, as there is more than one possible meaning. Teacher points out that one non-verbal behavior may have different meanings. The meaning is not always <u>understood</u> by others. Teacher points out that in most situations our body language is what people respond to and believe. Some psychologists say "Body language does not lie." If the message we say in words is different than what our body language says, people believe the body language. For example: A boy tells the store detective that he did not steal a model plane. All the time he is talking the boy looks down at the floor instead of looking the detective in the eye. Will the detective believe the boy? Why not? In good communication, body language must match the message. Have students role play situations where body language doesn't match. For example: Susan tells her boyfriend John, "I'm so mad at you," but she has a sweet smile on her face. Will John believe that she is mad?	Worksheet C2
TASK D: Student will be able to demonstrate good listening behaviors. 1. Teacher defines elements of good listening and discusses why they are important. Elements of good listening are: - maintain eye contact - don't interrupt - acknowledge message by responding to speaker verbally or non-verbally - have appropriate posture and manners (don't yawn, burp, slouch) - maintain appropriate physical distance from speaker - observe speaker's non-verbal communication	

ACTIVITY	MATERIALS/RESOURCES
TASK D: CONTINUED Have students use checklist to rate partner's listening behavior during class. 2. Discuss with students the importance of checking their listening. Role play situations that may occur in a health care setting that require good listening and how they can be handled.	Worksheet D1
TASK E: Student will demonstrate good speaking behavior. 1. Teacher defines elements of good speaking behavior and gives examples: - eye contact - clear speech - appropriate tone of voice for the situation - appropriate volume - appropriate physical distance - verbal and non-verbal messages match - good posture Have students use checklist to evaluate teacher's speaking behaviors. Have students each stand up and tell where they work and what their job duties are (or tell their three favorite hobbies, etc.). Other students rate them on speaking using the checklist. 2. Take checklist and observe professionals in a health care service and how they speak and listen to patients and others around them.	

Worksheet A2

Identifying Message Senders and Receivers

In effective communication there is always a sender, a receiver, and a message that is understood. Read the examples below and identify the sender and the receiver.

Example: The boss shakes hands with a new employee, John, and says,
"Welcome, John. I hope you will enjoy your work here."

Sender: _____ Receiver: _____

1. A patient comes into the lounge and says to an attendant, "All my towels are dirty and wet."

Sender: _____ Receiver: _____

2. The attendant says to the patient, "I will get you some clean ones right away, Mrs. Jones."

Sender: _____ Receiver: _____

3. There is a sign on the employee lounge door that says, "No smoking. No sleeping. The Boss."

Sender: _____ Receiver: _____

4. Cindy is a nurse's aide at a nursing home for elderly people. She brings Mrs. Jones her dinner. When Cindy tries to feed Mrs. Jones a fork full of liver, Mrs. Jones shuts her mouth and refuses to open it.

Sender: _____ Receiver: _____

5. A patient in a hospital reads a menu to see what the choices are for lunch and dinner.

Sender: _____ Receiver: _____

6. Mr. Smith calls the head nurse and asks that a message be given to his wife.

Sender: _____ Receiver: _____

7. An orderly reads a chart order from the nursing supervisor telling him to take Mr. Jones to X-ray at 9:00 a.m.

Sender: _____ Receiver: _____

8. The department head sends a memo to staff telling them about a special meeting.

Sender: _____ Receiver: _____

Worksheet C2

Communicating Non-Verbally at Work

1. You work in a long term care residence. You are training a new worker to set up the food traps. As you explain things, you notice that the new worker is frowning. The frown probably means that _____.
2. Mr. James is waiting to be x-rayed. He keeps fidgeting and drumming his fingers on the arm of his chair. Mr. James is probably _____.
3. Mrs. Carr tells you that she is leaving and the flowers in her room are for you. She smiles and takes your hand. The smile and touch say _____.
4. A co-worker asks you to work a Saturday night shift for him/her. You have worked this shift for him/her three times already. When you asked him/her to work for you last week, he/she said, "No." When he/she asks you to work for him/her next Saturday, you just turn and walk away. You are letting him/her know that _____.
5. Your supervisor is frowning and shaking a finger at another worker who is walking out of the door. These gestures show that your boss is probably _____.
6. You walk into the lounge and smile and nod your head at each of your co-workers as you pass by them to get your lunch. You are showing your co-workers _____.
7. You notice that your lunch has been taken again. You walk up to the co-worker who you think took it. You stand toe to toe, glaring at him/her. Your posture is stiff and tense. You are _____.
8. When you enter five year old Christie's room you notice her blankets pushed back and beads of perspiration on her forehead. She is lying listlessly on her pillow and gives you a faint smile. All these things probably mean that _____.

Worksheet D1

Speaking and Listening
Evaluation Worksheet

Mark an "S" for satisfactory or an "I" for needs improvement.

SPEAKING

Maintained good eye contact
Spoke clearly
Used appropriate tone of voice
Used appropriate volume
Stood at appropriate physical distance
Verbal and non-verbal messages matched
Had good posture

LISTENING

Maintained good eye contact
Did not interrupt
Paid attention
Responded verbally or non-verbally
Maintained appropriate physical distance from speaker

INSTRUCTIONAL MODULE

ACCESS SKILL: KNOW BASIC FIRST AID PRINCIPLES

VOCATIONAL AREAS:
Health Occupations

TASK ANALYSIS STEPS: A-N

ACTIVITY	MATERIALS/RESOURCES
TASK A: Student will be introduced to the need for studying first aid.	
1. Have a class discussion to determine the reasons for first aid. These should include: a. The difference between life and death. b. The difference between temporary and permanent disability. c. The difference between rapid recovery and long hospitalization. 2. Divide the class into two groups. Have them list as many different kinds of accidents or injuries as they can. 3. Have students discuss their experiences with accidents and the first aid administered. Guide the discussion toward what first aid measures would have been taken, as well as comment on what was done. 4. Have the students make emergency identification cards to carry showing their name, address, telephone number, and people to contact in case of an emergency.	<u>Standard First Aid and Personal Safety</u>, American Red Cross Should be used for each task. Instruction for teacher information. The assistance of a first aid specialist (Red Cross, Fire Rescue, etc.) should be considered when possible. Wallet-size cards Clear contact paper to cover completed card
TASK B: Student will review first aid guidelines.	
1. Review the first aid guidelines given in the First Aid Manual. 2. Have the students make an emergency call. Guide students by showing them the telephone numbers of several doctors, the ambulance service, the hospital, the fire department, and the police.	Worksheet B1 First Aid Manual Telephone book
TASK C: Student will identify the types of wounds, their causes, and first aid procedures.	
1. Have students define the term "wound". Then discuss the two types of wounds: a. An open wound is a break in the skin. b. A closed wound occurs when the skin is not broken, but the underlying tissue is injured. 2. Students can determine when a wound is an open or closed wound from a given list of wounds. The list can include: fishhook in your finger, nail in your foot, scraped knee, black eye, broken arm with no bone exposed, small cut on your finger made by a knife, broken leg with no bone exposed, and a broken arm with the bone exposed. 3. Divide the class into groups and have them determine causes of wounds. Then combine the lists. 4. Have students discuss the first aid steps for wounds in which bleeding is not severe. These include: a. Thoroughly clean the wound with soap and water. b. Apply the dressing and bandage. c. Consult a doctor at the first sign of infection.	

ACTIVITY	MATERIALS/RESOURCES
TASK C: CONTINUED - Have students role play the following situation: You are cutting a cake. You accidentally cut your finger. It is not bleeding very much. What do you do? - Give an example of a wound that is bleeding severely such as a knife cut on the wrist. Have student identify and discuss the four ways to stop severe bleeding. - Direct pressure - Elevation - Pressure on the supplying artery - Tourniquet - Divide the class into groups of three. One person serves as the victim of a severe wound. One person gives first aid. The third person evaluates the first aid given. Have students demonstrate the four methods used to stop severe bleeding. Also have the students exchange places. Use the following situation: Two boys were cutting a board on a saw in the shop class. The boy behind the machine had his arm under the sharp blade. Without looking, the boy at the front turned the saw on and his friend received a severe cut on his arm. What would you do? - Conduct a class discussion to identify the symptoms of closed wounds. - Conduct a class discussion on the first aid procedures for closed wounds. - Divide the class into groups of three. One student serves as the victim. The second student demonstrates the first aid procedures for a closed wound. The third student evaluates the procedures. Use the following situation: A customer in a restaurant trips and falls, hitting his head on a table. He is unconscious, breathing rapidly, and has a weak pulse. What do you do?	Worksheet C6 Dressings Worksheet C8 Worksheet C8 Use Worksheet C8 as a checklist for the student doing the evaluating
TASK D: Student will identify procedures in rescuing and assisting a victim of electrical shock. - Emphasize to the students the importance of caution when freeing a victim from the source of electrical power. Have students examine the guidelines on Worksheet D1. - Ask students to identify possible sources of electrical shock at home and at school. - Divide the students into groups of two. One student serves as the victim and the other student administers first aid. Role play the following situation: You walk into a room and see a person lying on the floor. He is unconscious with his hand on a cord which is plugged into a socket. What do you do?	Worksheet D1 Use Worksheet D1 as a checklist to determine if all steps were followed
TASK E: Student will understand how and when to use artificial respiration. Ask the students to define the term "artificial respiration." (Procedure for causing air to flow in and out of a person's lungs when his natural breathing has stopped; to restore breathing when breathing has stopped.)	

ACTIVITY	MATERIALS/RESOURCES
TASK E: CONTINUED	
2. Divide the students into groups. Have them list the causes of respiratory failure. Combine into one list.	Worksheet E1
3. Review the steps of administering artificial respiration using Worksheet E3. Have medical personnel demonstrate the method of administering artificial respiration using "Resuscitation Annie."	Worksheet E3 Medical personnel Resuscitation Annie
4. Divide the students into groups of two. One person administers artificial respiration to "Resuscitation Annie" and the other student, using Worksheet E3 as a guide, evaluates the procedure. Have the students exchange places.	Worksheet E3 Resuscitation Annie
TASK F: Student will understand how to assist a victim who is choking.	
1. Have students list causes of choking and the symptoms or signs of a person who is choking.	Worksheet F1
2. Invite medical personnel to come and demonstrate the abdominal thrust method of relieving a choking victim.	Worksheet F2 Medical personnel
3. Divide the students into groups of three. Have them practice the abdominal method by talking it through, but not actually demonstrating it as it could be harmful.	
4. Role play the following situation: You see a person in a restaurant grabbing their throat. They appear to be trying to cough. What do you do?	
TASK G: Student will become familiar with administering Cardiopulmonary Resuscitation (CPR).	
1. Have students identify the symptoms of a heart attack. These include shortness of breath, pain in left arm, chest pain, nausea and vomiting.	
2. Invite medical personnel to visit the classroom to explain and demonstrate CPR.	Medical personnel
3. Have the students practice administering CPR using "Resuscitation Annie". Have the medical personnel evaluate the students.	Resuscitation Annie
4. Ask the students to describe what they would do in the following situation: The man next door is complaining of pain in his left arm. He is also having difficulty breathing. He loses consciousness and he has no pulse. What do you do?	
TASK H: Student will become familiar with various types of burns and give simple treatment.	
1. Divide the class into three groups. Have them identify the causes of burns. Give one group the category hot liquid, another group the category flammable material, and the third group fire.	

ACTIVITY	MATERIALS/RESOURCES
TASK H: CONTINUED	
2. Have students examine the characteristics of the three types of burns.	Worksheet H2
3. Have student examine the first aid procedures for first, second, and third degree burns.	Worksheet H3
4. Have students examine the characteristics of chemical burns.	Worksheet H4
5. Students can discuss their experience with burns and the first aid administered. Have students evaluate the first aid that was given.	
6. Divide the class into two groups. Assign one group to list what to do in the case of burns and the other group to list what <u>not</u> to do in the case of burns.	Worksheet H6
7. Divide the class into groups of three. One person serves as the victim, the second person administers first aid, and the third person evaluates the procedure. Have the students exchange places. Using the following situations: first degree burn--you touched a hot pan and burned your finger; second degree burn--a hot log fell out of the fire-place, you grab it and throw it back in the fireplace; third degree burn--a person's car is in an accident and it catches on fire. The person is dragged out of the car with severe burns on his arms, hands, and legs.	Dressings, bandages
TASK I: Student will become familiar with the symptoms of shock and the three major first aid procedures for treating shock.	
1. Have students identify the causes of shock and the symptoms of shock. Also discuss the three major first aid procedures for treating shock.	Worksheet I1
2. Role play the following situation: You come upon a car accident. The victim does not appear to be seriously injured, however, he looks pale and is breathing rapidly. What do you do?	
TASK J: The student will identify the symptoms of a fracture, sprain, and dislocation and the proper first aid techniques for each.	
1. Have the students define fracture, sprain, and dislocation. fracture: a broken bone sprain: injury to tissue around a joint dislocation: a bone end displaced from a joint	
2. Divide the students into three groups. Have one group identify the symptoms of a fracture, the second group the symptoms of a sprain, and the third group the symptoms of a dislocation. Compile the information into a chart. Also note the similarities.	Worksheet J2
3. Have students examine and discuss the treatment for sprains and dislocations.	Worksheet J3
4. Invite medical personnel to demonstrate bandaging a sprained ankle. The medical personnel can monitor their treatment.	Bandages Medical personnel

ACTIVITY	MATERIALS/RESOURCES
TASK J: CONTINUED	
5. Also have the medical personnel describe and demonstrate the treatment for various fractures such as an arm, leg, collar bone, shoulder, ankle, and wrist. 6. Divide the class into groups of two. Have students practice splinting various fractures. The medical personnel may offer assistance.	Medical personnel splints, bandages Medical personnel splints, bandages
TASK K: Student will identify common emergencies and discuss the necessary treatment.	
1. Have the students make a list of common emergencies they encountered during the past year and how they were handled. 2. After the students have compiled their list, ask them to determine if the situations were handled properly and solicit other suggestions for more effective treatment. 3. Have students discuss how they would handle the following emergencies: a. A child who has swallowed a small round object. b. A person who is not breathing and has no pulse. c. You burned your finger on a hot stove. d. You think the accident victim is going into shock. e. You think your friend has broken his leg but you are not sure. f. You cut your finger slicing a tomato.	
TASK L: Student will review important vocabulary words used in first aid.	
1. Divide the students into small groups and have them review first aid vocabulary words. 2. Have the students develop crossword puzzles, true and false questions, multiple choice questions, or matching exercises to review vocabulary words.	Worksheet L1 Paper, pencils
TASK M: Student will establish a plan for administering first aid.	
1. Review the first aid guidelines with the students and have them develop several important questions they will have to answer. 2. Give the student a list of first aid priorities and have them develop a carefully planned order of priorities--the first aid most urgently needed. Then have them discuss their first aid order of priority and the reasoning behind the priority. First Aid Priorities a. Call for medical help. b. Stop severe bleeding. c. Treat for shock. d. Effect a prompt rescue. e. Establish breathing. f. Treat for poisoning.	Worksheet M1

ACTIVITY	MATERIALS/RESOURCES
TASK M: CONTINUED	
3. Ask the students to clip articles describing accidents out of the newspaper. They are to determine a first aid order of priority for each victim.	Newspapers
TASK N: Student will learn to assemble a first aid kit.	
1. Have the school nurse give a demonstration on a well-organized first aid kit and the use of the special materials. 2. Have the students develop a list of basic first aid supplies such as the list on Worksheet N2. 3. Have the students compile a first aid kit for their home and their car.	Worksheet N2

Worksheet B1

First Aid Guidelines

1. Do not move the victim unless it is necessary for safety reasons.
2. Protect the victim from unnecessary movement and disturbance.
3. Avoid or overcome chilling by using blankets or covers if available.
4. Determine the injuries or cause for sudden illness.
5. Find out exactly what happened - what caused the injuries or sudden illness.
6. Look for an emergency medical identification, such as a card or bracelet.
7. Loosen tight clothing but do not pull on the victim's belt in case of spinal injury.
8. Open or remove clothing if necessary to expose a body part in order to make a more accurate check for injuries.
9. Note the victim's general appearance, including skin discoloration, and check symptoms that may give a clue to the kind of injury or illness.
10. Check the victim's pulse.
11. Check to see if the victim is awake or unconscious.
12. If the victim is unconscious, look for evidence of head injury. If the victim is conscious, look for paralysis of one side of the face or body.
13. Check the expression of the victim's eyes and size of his pupils.
14. Examine the victim's body and limbs for open and closed wounds or signs of fractures.
15. If poisoning is suspected, check for stains or burns around the victim's mouth and source of poisoning nearby.
16. Carry out the indicated first aid.

Worksheet C6

First Aid for Severe Bleeding

A. Direct Pressure

1. Place the palm of the hand on a dressing directly over the entire area of the open wound. A thick pad of cloth helps control the bleeding by absorbing the blood and allowing it to clot. Do not disturb the blood clot after they have formed.
2. If blood soaks through the pad without clotting, do not remove it, but add additional layers of cloth and continue the direct pressure.
3. A pressure bandage can be placed to hold the pads of cloth over the wound. Hold the bandage or strip of cloth over the pad on the wound, maintain a steady pull on the bandage to hold the pad in place as you wrap both ends of it around the body part and then tie a knot in the bandage directly over the pad.

B. Elevation

1. Unless there is a fracture, an open wound on the hand, neck, arm, or leg should be elevated.
2. The injured part of the body should be raised above the level of the victim's heart.
3. Direct pressure on the pad over the wound must be continued.

C. Pressure on the Supplying Artery or Pressure Point

1. Use the pressure point in addition to direct pressure and elevation.
2. Use the brachial artery to control severe bleeding from an open wound.
 - a. The pressure point is located on the inside of the arm in the groove between the biceps and the triceps, about midway between the armpit and elbow.
 - b. Grasp the middle of the victim's upper arm, your thumb on the outside of his/her arm and the fingers on the inside.
 - c. Press your fingers toward your thumb.
3. Use the femoral artery to control severe bleeding from an open leg wound.
 - a. The pressure point is located on the front, center part of the diagonally slanted "hinge" of the leg.

Worksheet C6 (continued)

- b. Position the victim flat on his/her back, if possible, and place the heel of your hand directly over the pressure point. Keep your arm straight.

D. Tourniquet

1. Place the tourniquet just above the wound.
2. Wrap the tourniquet band tightly around the limb twice and tie a half knot.
3. Place a short, strong stick or similar object that will not break on the knot and tie two additional knots on top of the stick.
4. Twist the stick to tighten the tourniquet until bleeding stops.
5. Secure the stick in place with the loose ends of the tourniquet or a strip of cloth.
6. Make a written note of the location of the tourniquet and the time it was applied.

Worksheet C8

Symptoms of Closed Wounds

1. Cold, clammy, pale skin.
 2. Rapid but weak pulse.
 3. Rapid breathing and dizziness.
 4. Pain and tenderness in the part of the body in which injury is suspected.
 5. Swelling.
 6. Deformity of limbs.
-

First Aid Procedures for Closed Wounds

1. Maintain an open airway. Give artificial respiration if necessary.
2. Carefully examine the victim for fractures and other injuries.
3. If an internal injury is suspected, get medical care as soon as possible.
4. If a closed fracture is suspected, immobilize the affected area before moving the victim.
5. If the victim must be moved, carefully move him in a lying position.
6. Do not give fluids.
7. When a small closed wound occurs such as a black eye, put a cold application on the injured area to prevent swelling.

Worksheet D1

Guidelines to Follow in Freeing a Victim
from the Source of Electrical Power

1. If possible the power should be turned off before the rescue is attempted.
2. If it is necessary to separate the victim from the contact, use a long dry pole, dry rope, or a length of dry cloth.
3. Be sure your hands are dry and you are standing on a dry surface.
4. Artificial respiration should begin as soon as the electrical contact is broken.

Worksheet E1

Causes of Respiratory Failure

Obstruction by tongue

Croup

Spasm of the larynx

Swelling after burns of the face

Partial or complete blockage by a foreign object

Electrocution

Heart disease

Acute asthma

Diphtheria

Swallowing poison

Direct injury cause by a blow

Air depleted of oxygen or other toxic gases

Drowning

External strangulation

Worksheet E3

Artificial Respiration

1. Determine whether the victim is conscious or unconscious.
2. Open the victim's airway. Tilt the victim's head backward so that the chin is pointing upward.
3. Check mouth for foreign matter and clear any foreign matter with your finger.
4. Look at the victim's chest to see if it rises and falls and listen and feel air for 5 seconds.
5. If the victim is not breathing, pinch the nostrils shut with the thumb and index finger of your hand that is pressing on the victim's forehead.
6. Give 4 quick breaths.
7. Look, listen, and feel for air. Check the pulse for 5 seconds.
8. If no pulse, begin CPR.
9. If there is a pulse but no breathing, give 1 breath every 5 seconds.
10. Repeat the blowing cycle.

Worksheet F1

Causes of Choking

1. A child places an object in his/her mouth.
 2. An inedible object is caught in the throat.
 3. Obstruction may occur when swallowing unchewed food or food containing splinters of bone or shell.
 4. Persons with dentures are prone to choke on food.
-

Signs and Symptoms of Choking

1. Violent choking.
2. Alarming attempts at inhalation.
3. Cyanosis of the face, neck, and hands.
4. Cessation of breathing.
5. Unconsciousness.

Worksheet F2

Abdominal Thrust Method
to Relieve Choking

1. Ask the victim if he/she can speak.
2. Place one hand high on the victim's chest and position his/her head at chest level or lower.
3. Deliver 4 sharp back blows with the heel of your hand over the victim's spine.
4. For the abdominal thrust, stand behind the victim and wrap your arms around his/her waist.
5. Place the thumb side of your fist against the victim's abdomen, slightly above the navel.
6. Grasp your fist with your other hand and press it into the victim's abdomen with 4 quick upward thrust.
7. If the procedures are not effective, repeat the sequence:
 - 4 quick back blows
 - 4 quick upward thrusts
8. If the victim stops breathing, begin artificial respiration.

Worksheet H2

Types of Burns

First Degree

Skin is red, no blisters
Mild swelling
Painful, sensitive to touch
Rapid healing

Second Degree

Greater depth than first degree burns
Blisters
Considerable swelling over a period of several days
Wet appearance of the surface of the skin
Painful, sensitive to touch

Third Degree

White or charred appearance
Complete loss of all layers of the skin
Numb to touch
Problem of infection

Worksheet H3

First Aid Procedures for Burns

First Degree Burns

1. Apply cold water applications or submerge the burned area in cold water. (Ice cubes can also be used.)
2. Apply a dry dressing if it is necessary.

Second Degree Burns

1. Immerse the burned area in cold water until the pain subsides.
2. Apply a clean cloth that has been wrung out in ice water.
3. Gently blot dry.
4. Apply dry, sterile gauze or clean cloth as a protective bandage.
5. Do not break blisters.
6. Do not use an antiseptic preparation or home remedy on a severe burn.
7. If the arms or legs are affected, keep them elevated.

Third Degree Burns

1. Do not remove particles of charred clothing.
2. Cover burns with thick, sterile dressings or a clean sheet.
3. If the hands are involved, keep them above the level of the victim's heart.
4. Keep burned feet or legs elevated.
5. Do not immerse or apply ice water to the burned area.
6. Arrange transportation to the hospital as quickly as possible.

Worksheet H4

First Aid Procedures for Chemical Burns

Chemical Burns of the Skin

1. Wash away the chemical with large amounts of water as quickly as possible for at least 5 minutes. Remove the victim's clothing from around the burn.
2. Apply a dressing bandage and get medical aid.

Chemical Burns of the Eye

1. Flood the eye thoroughly with water for 15 minutes.
2. Hold the lids open and pour the water from the inner corner outward.
3. Remove any loose particles of dry chemicals floating on the eye by lifting them off gently with sterile gauze or a clean handkerchief.
4. Cover the eye with a dry, clean, protective pad or dressing.
5. Caution the victim against rubbing the eye.
6. Get medical help immediately.

Worksheet H6

Burns

What to Do

What Not to Do

Treat for shock

Relieve pain

Prevent infection

Cover burned area with dry sterile
or clean cloth

Encourage fluids to replace fluid
loss from body

Give water, salt, and soda solution:
1 teaspoon salt, 1/2 teaspoon soda,
1 quart water

Do not pull clothes over burned
area

Do not remove pieces of cloth that
stick to burn

Do not try to clean the burn

Do not break blisters

Do not use ointment or any type of
medication on severe burns

Do not use iodine or antiseptics on
burns

Do not touch burn with anything
except sterile or clean dressing

Do not change dressings that were
initially applied until absolutely
necessary

Worksheet I1

Causes of Shock

1. Severe injuries.
 2. Loss of body fluids.
 3. Heart attack.
 4. Poisoning.
 5. Lack of oxygen.
-

Symptoms of Shock

1. The skin is pale and cold to the touch.
 2. The skin may be moist and clammy if perspiration has occurred.
 3. The victim is weak.
 4. The pulse is rapid (over 100).
 5. The rate of breathing is increased.
-

Treatment of Shock

1. Keep the victim lying down flat on his/her back.
2. Elevate the feet above the head.
3. Keep the victim warm using a blanket or additional clothing.

Worksheet J2

Injury	Symptoms
Sprain	Swelling Tenderness Pain upon motion Discoloration
Dislocation	Swelling Obvious deformity Pain upon motion Tenderness to touch Discoloration
Fracture	Heard or felt a bone snap Pain and tenderness Difficulty in moving the injured part Differences in the shape and length of corresponding bones on the two sides of the body Obvious deformities Swelling Discoloration

Worksheet J3

First Aid Treatment for a Sprain

1. If the victim's ankle or knee is affected, do not allow him/her to walk.
 2. Loosen or remove the victim's shoes, apply a pillow or blanket splint and elevate the victim's leg.
 3. In mild sprains keep the injured part raised for at least 24 hours. (Do not soak in hot water.)
 4. Apply cold, wet packs or place a small bag of crushed ice on the affected area, over a thin towel. (Do not pack the joint in ice or immerse in water that contains ice.)
 5. If pain and swelling persist, seek medical attention.
-

First Aid Treatment for a Dislocation

1. Splint and immobilize the affected joint in the position in which it was found.
2. Apply a sling. Elevate the affected part, if a limb is involved.
3. Seek medical attention promptly.
4. Never attempt to reduce a dislocation or to correct any deformity near a joint.

Worksheet L1

First Aid Vocabulary Words

Accident	Emergency
First Aid	Injury
Symptom	Pulse
Unconscious	Conscious
Poison	Wound
Infection	Open Wounds
Closed Wounds	Pressure Point
Tourniquet	Immobilize
Artificial Respiration	Toxic
CPR	Burn
Abdominal Thrust	Immerse
Submerge	Shock
Dislocation	Sprain
Fracture	

Worksheet M1

Important Questions You May Have to Answer

1. Is the victim breathing?
2. Does the victim have a pulse?
3. Is it necessary to move the victim to protect him/her from further injury?
4. Has medical help been called?
5. Is the victim lying down, quiet, and warm?
6. Have you reassured the victim?

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Worksheet N2

Basic First Aid Supplies

- | | |
|--------------------------------------|---|
| 1. sterile gauze dressing | 17. knife or razor blade |
| 2. gauze bandage | 18. medicine dropper |
| 3. box of assorted adhesive dressing | 19. measuring cup |
| 4. adhesive tape | 20. thermometers (oral and rectal) |
| 5. absorbent cotton | 21. hot water bottle |
| 6. pint bottle of sterile saline | 22. ice bag |
| 7. mild antiseptic | 23. wooden safety matches |
| 8. tube of petroleum jelly | 24. flashlight |
| 9. bottle of calamine lotion | 25. cough mixture |
| 10. bottle of ipecac syrup | 26. salt (table) |
| 11. powdered activated charcoal | 27. aspirin |
| 12. box of baking soda | 28. first aid handbook |
| 13. aromatic spirits of ammonia | 29. diarrhea medicine |
| 14. pair of scissors | 30. alcohol |
| 15. pair of tweezers | 31. motion sickness tablets |
| 16. needles | 32. medications for special family illnesses such as diabetes, asthma, ulcers |

RESOURCES

HEALTH OCCUPATIONS

Instructional Materials Laboratory
908 Woodson Way
University of Missouri-Columbia
Columbia, MO 65211

Health Services Assistant, Martin, R.

Nurse Assistant in a Long-Term Care Facility (Special Needs Edition),

Jones, B., & Moore, M.

Nurse Assistant in a Long-Term Care Facility (Student Materials),

Meyer, E. J.

Orientation to Health Services, Jones, W. M.